



CONFIDENTIALITY – INCLUDING CLIENT/PATIENT CONFIDENTIALITY (HIPAA)

Harris County Public Health (HCPH) Staff Members (including, employees, contractors, interns, volunteers, etc.) who use and/or have access to client/patient health information (including client/patient medical records) and/or to HCPH business records and information (including documents labeled “confidential,” pending projects and plans, computer software, financial and/or budget information, and/or personnel and payroll information, including compensation data about HCPH Staff Members) are expected to keep such records and information strictly confidential. **HCPH prohibits the unauthorized disclosure or unnecessary or careless discussion of any such client/patient health information or business-related records and information.**

Information about clients/patients, their illnesses, conditions, or their personal lives is confidential. All client/patient health information must be safeguarded at all times. Conversations with clients/patients should be conducted in a manner and in a location designed to protect and maintain confidentiality. HCPH Staff Members should not advise clients/patients on personal matters unrelated to HCPH services, even if asked to by the client/patient. If a client/patient has questions about the services he/she is receiving from HCPH, the client/patient should be referred to the HCPH Department responsible for providing such services to the client/patient.

I am aware that if I wrongfully use or disclose a client’s/patient’s protected health information I could be subject to both civil and criminal penalties under both Texas and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA). Furthermore, I also understand that all HCPH Staff Members and HCPH Business Associates are required to sign this Confidentiality Statement to assure our understanding of and compliance with Texas and federal privacy laws.

HCPH reserves the right to notify the appropriate law enforcement authorities of any unauthorized disclosure, including a breach of client/patient confidentiality, of which HCPH becomes aware and/or to bring or participate in any lawsuit related to the unauthorized disclosure.

I understand and agree to comply with this Confidentiality Statement as a condition of my employment and/or my association with or work for HCPH. I further understand that if I have questions at any time regarding this Confidentiality Statement I will consult with my immediate supervisor or HCPH’s Legal Counsel. If my questions involve client/patient health information, I will consult with my immediate supervisor or with the Harris County Privacy Officer.