



Huckleberry House, Inc. Confidentiality / Security Agreement

Huckleberry House, Inc. (“HH”) operates under a set of principles, which protects client information and privacy, while allowing its associates access to the information they need to successfully do their jobs. Confidentiality and security is everyone’s responsibility.

As a condition of my employment/affiliation with HH, I understand that I must sign and comply with this Agreement.

Check one: _____ HH Employee
 _____ Non-HH Employee: list how associated (Board member, auditor, student, etc) and company name if applicable

VENDORS PLEASE NOTE: This agreement applies to any and all employees of your company who have any contact with Huckleberry House staff/clients or access to our facilities or data.

Read each item carefully and ask questions if you need clarification.

Overall Confidentiality:

1. I will treat all client, physician, associate, and business information (i.e. social, financial, etc.) acquired during the course of my work as strictly confidential (only to be discussed in private with appropriate individuals who need to know), whether on duty or off.
2. I will not release or disclose confidential information, unless my job requires it, and then, only in accordance with HH’s policies and procedures. I will refer all other requests to my Team Leader or Manager, the Client Rights Officer, or other appropriate area or staff.
3. I will access the minimum necessary Protected Health Information, and only on clients whose information I need in order to do my job.
4. I will not make any inquiries about any client information or agency information for any individual or person or entity that does not have proper authority to have such information. If I have any questions about whether certain persons or entities are permitted access to certain client information or agency information, I will ask my Team Leader or the Privacy Officer for clarification.
5. I understand that access to a system(s) is a privilege, and at no time am I authorized to use any system for other than its intended use or for my own personal gains, or the gains of another.
6. I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or expungements of client information or agency information.
7. I will appropriately dispose of confidential information and reports. I will never discard confidential or client identifying information in the regular trash (unless it has been shredded).
8. I will not discuss any information pertaining to the agency in an area where unauthorized individuals may hear such information (for example, in hallways, on staircases, on elevators, on public transportation, at restaurants or at social events). I understand that it is never acceptable to discuss any client or agency information in public areas, even if specific information, such as client’s names, is not used.

Computer System Security:

1. I will use only my password(s): I understand that my initials (my electronic code) will be attached to transactions that I input into the system(s). I am legally responsible for the accuracy of the information I input into the system(s), as well as on the paper record. All inquiries, data entries, and orders performed using my password(s) are permanently recorded.



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2. I will not allow anyone to access a system(s) by using my password(s). I will keep my password(s) in confidence and will not disclose the password(s) to anyone (other than the IT Director) for any reason.
3. I will not attempt to use a password(s) other than my own, even at the request of another individual, nor will I attempt to gain access to any unauthorized system.
4. If I leave my workstation for any reason, I will exit the system so no unauthorized person may access confidential information or enter information under my password(s); I will make sure the paper record is not left open and unattended in areas where unauthorized people may view it.
5. If I have reason to believe that the confidentiality of my or another's password(s) has been broken, I will notify my Team Leader and the IT manager immediately, and also report any known or suspected breach or confidentiality to my Team Leader and the IT Director,
6. I will not misuse or attempt to alter HH's computer system(s) in any way. Only approved and officially licensed software(s) may be added to HH's computers. All software installs must be handled through the IT staff.
7. I further understand that my password(s) will be deleted from the system(s) as soon as I terminate my association with HH, or transfer to a position where computer access is not required.
8. I understand that it is a violation of client's rights and HH's policies and procedures to download data onto a diskette or any other medium from the information system and take it out of HH's facility.
9. I will ask my Team Leader for clarification if there are any items I do not understand before signing this agreement. My signature below acknowledges that I have read and understand this agreement and realize it is a condition of my employment / association with HH. I may request a copy of this signed agreement.

Consequences for Violation of this Agreement

I understand that violation of this Agreement may result in disciplinary action up to and including termination of my employment / affiliation with HH and/or suspension, restriction or loss of privileges in accordance with agency policies as well as potential personal, civil and criminal penalties.

Maintaining the Agreement

I agree that my obligations under this Agreement regarding client information and agency information will continue after the conclusion of my employment / affiliation with HH.

I have read the above Agreement and agree to comply with all its terms as a condition of my continuing employment / affiliation with HH.

Signature

Date

Print Name

Program