

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS)  
STATEMENT OF AGREEMENT TO MAINTAIN CONFIDENTIALITY OF RECORDS AND  
INFORMATION IN ACCORDANCE WITH DHSS POLICIES**

**Code of Conduct**

All DHSS employees, interns, contractors, and volunteers, whether paid or unpaid, shall follow the DHSS policies for sharing confidential information. Interns, contractors, and volunteers shall be held to the same standards as employees with respect to the DHSS confidentiality policies.

All information that identifies or can be used to readily identify individuals shall be considered confidential. Information specifically covered by HIPAA, the HIPAA Privacy Rule, the HIPAA Security Rule, and the Breach Notification Rule, or other applicable federal or Missouri confidentiality laws, including but not limited to the Missouri Breach Notification Law, shall be determined and individuals with responsibilities requiring access to the information shall be identified. All employees, interns, contractors and volunteers shall attend training and comply with DHSS policies relating to these laws.

***Employees***

As a DHSS employee, I agree to be knowledgeable of and comply with DHSS confidentiality policies. Specifically, I agree to:

- ✓ Assure the confidentiality and security of all information by limiting access to those having an official need in order to perform their duties;
- ✓ Restrict disclosure of confidential information to other agencies or individuals outside DHSS. Disclosures shall be made in accordance with DHSS policies governing disclosures;
- ✓ Refrain from disclosing confidential personal information to any individual or entity without a business-related reason and proper authority to receive such information;
- ✓ Participate in training, as needed, on federal and state privacy laws;
- ✓ Make appropriate staff aware of potential DHSS confidentiality policy violations; and
- ✓ Sign an annual statement affirming agreement to comply with DHSS confidentiality policies.

***Contractors***

As a DHSS contractor, I agree to maintain strict confidentiality of all information that identifies or can be readily used to identify individuals that I have been provided access to by DHSS or obtained as a result of contract activities. I understand that there are potential legal penalties for breaches of confidentiality or unauthorized destruction or disclosure of confidential information or records.

***Volunteers***

As a volunteer, paid or unpaid, I agree to comply with the DHSS confidentiality policies. I understand that I am liable for all breaches or violations of confidentiality and may be subject to possible legal actions.



## **MAINTAINING CONFIDENTIALITY OF INFORMATION IN THE WORK ENVIRONMENT:**

I agree to the following:

### ***Work Areas***

To remove information of a confidential nature from public view (e.g., place it in a desk or file) when away from my work station and another authorized employee is not available to assure security of the information.

To place information of a confidential nature in locked files or other secure places when my office or work unit is closed or left unattended.

To shred or otherwise destroy information to be discarded that identifies an individual, such as poor quality copies or purged file materials.

### ***Information Exchange***

To not release confidential personal information obtained in the performance of duties to individuals or entities who do not have a business-related reason and proper authority to receive such information.

To destroy informal records of telephone conversations containing information of a confidential nature unless the records are placed in official files.

To hold conferences and conversations in a manner to avoid confidential information being overheard by others.

To seal all documents containing information of a confidential nature inside an envelope addressed to a specific office or individual and marked "CONFIDENTIAL" when using conventional mail to send to other individuals, programs or agencies having an official need for the information.

To use a cover page containing a confidentiality statement approved by the DHSS Privacy Officer for all documents of a confidential nature transmitted by FAX machine to agencies and individuals with an official need to know.

To alert the receiver when the information is being transmitted via FAX and request immediate retrieval.

To include the DHSS approved statement of confidentiality on all electronic mail messages.

To not send confidential individually identifiable health information or other confidential information outside of the state domain using electronic mail, unless technology such as encryption or other technology approved by the department is employed.

### ***Computers***

To comply with policies and procedures relating to maintaining security and confidentiality of computer data.

To position my computer workstation screen to limit viewing by other employees or visitors.

To protect my sign-on and passwords to prevent others from using them.

To log out of the network when away from my work area for an extended period. For short periods of inactivity, I will activate a password-protected screen saver.

### ***Penalties***

I have been informed and understand that a violation of confidentiality, including improper access, use, or disclosure; an information security incident; a breach as defined by Policy 19.7; or unauthorized destruction of confidential records, shall be cause for disciplinary action, up to and including dismissal, depending on the severity of the offense, and possible legal action.

## **CERTIFICATION:**

**This is to certify that I have read and agree to comply with the provisions of the Department's policies.**

Date:

Signature:

Please print name:

**NOTE: A copy of the initial signed statement shall be filed in the employee's official personnel file. Subsequent signed statements shall be filed in the employee's unit personnel file.**