

**ASSURANCE OF PRESERVATION OF THE  
CONFIDENTIALITY AND SECURITY OF PROTECTED HEALTH INFORMATION**

*Protected Health Information* ("PHI") means individually identifiable information received from or on behalf of the Ohio Department of Mental Health relating to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual, as more fully defined in 45 CFR § 164.501, and any amendments thereto.

State and federal laws require that PHI of all present and former patients/clients be kept confidential, subject to specific allowable uses and disclosures, and that PHI be appropriately safeguarded from unauthorized access.

I understand that I hold a position of trust relative to PHI owned and/or maintained by the State of Ohio in all formats and computer systems and I have a responsibility to preserve the confidentiality and security of such information. Moreover, I have a responsibility to report to my direct supervisor or the HIPAA Privacy Officer any unauthorized use, disclosure or security breach of PHI of which I become aware.

Accordingly, I understand that I am prohibited from engaging in inappropriate conduct, which may include but is not limited to the types of actions listed below:

- Inappropriate discussion or display of PHI in public areas.
- Failing to safeguard physical locations where PHI is available.
- Failing to safeguard PHI that is carried or maintained in my possession.
- Knowingly gaining access to, attempting to gain access to, causing access to or use or redisclosure of or permitting unauthorized access to or use or redisclosure of any PHI owned and/or maintained by the State of Ohio in all formats and computer systems.
- Using, attempting to use, causing or permitting the use of PHI owned and/or maintained by the State of Ohio in all formats and computer systems for personal gain or motive.
- Knowingly including or causing to be included any false, inaccurate, or misleading entry into any publicly funded computer system.
- Removing or causing to be removed, without proper reason and authorization, any necessary and required information owned and/or maintained by the State of Ohio in all formats and computer systems.
- Aiding, abetting, or acting in conspiracy with another to violate this agreement.

Any unauthorized or inappropriate use of PHI owned and/or maintained by the State of Ohio in all formats and computer systems, by the user or by another who has been permitted or enabled access to the system by the user, or failure to report any unauthorized or inappropriate use of PHI owned and/or maintained by the State of Ohio in all formats and computer systems, by the user or by another who has been permitted or enabled access to the system by the user, may subject the user to criminal and civil sanctions pursuant to federal and state law as well as disciplinary action up to and including removal.

I, the undersigned, have read this agreement and it has been explained to me along with the rules listed above and I fully understand and agree to comply with them. I have been trained on and agree to adhere to all applicable policies and procedures regarding the protection of PHI. I acknowledge that I have signed two copies of this agreement and have received one copy for my personal information and guidance.

Printed Name of Workforce Member	
Signature of Workforce Member	Date
Signature of Witness	Date

Distribution:           Original to Personnel File  
                              Copy to Workforce Member