ARIZONA DEPARTMENT OF HEALTH SERVICES

PLEDGE TO PROTECT CONFIDENTIAL INFORMATION

Valid until December 31, 2022

I understand and agree to abide by the following statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information ("PHI"), and all other sensitive information:

1. I understand that as a user of information at the Arizona Department of Health Services, I may develop, use, or maintain information relating to public health and welfare, direct or indirect health care, quality improvement, peer review, audit functions, education, billing, reimbursement, administration, research or other approved purposes. This information, from any source and in any form, including, but not limited to paper records, oral communications, audio recordings and electronic display, is considered confidential. Access to confidential information is permitted only on a need-to-know basis and limited to the minimum amount of confidential information necessary to accomplish the intended purpose of the use, disclosure or request.

2. I understand that it is the policy of the Arizona Department of Health Services that users (i.e., employees, medical staff, students, volunteers, contractors, vendors and others who may function in an affiliated capacity) shall respect and preserve the privacy, confidentiality and security of confidential information.

3. I understand that persons who have access to information that contains confidential information are ethically and legally responsible for observing the federal and state statutes and rules governing confidential records. I will not alter, misuse and disclose without proper authority or the individual's authorization any confidential information.

4. I understand that confidential information may include oral communications, paper or electronic documents, databases, audio/visual tapes, and other items identified as "confidential" or "sensitive" information.

5. I understand that Arizona State Law prohibits me from using confidential information for personal gain.

6. I understand that confidential information in my control must be maintained and protected from inappropriate disclosure at all times (i.e., hard copy information when not in use will not be accessible to others, including stored in locked or other secure compartments, computer files must be password protected and closed, working documents turned face down on desk, electronic transmission of information will be encrypted in accordance with HIPAA, etc.)

7. I understand that it is the user's responsibility to protect highly sensitive information. As such, I am required to use good judgment in assessing what form of communication is appropriate for particular information. If I have any questions or concerns, I am to consult the Arizona Department of Health or my supervisor.

8. I understand that confidential information may only be accessed when I am specifically authorized to do so and I will use only the amount of information necessary within the scope of my duties. When confidential information is no longer needed, I will dispose of it in an appropriate manner to prevent inappropriate access to that information.

9. I understand that confidential information, including paper and electronic records, correspondence, documents and other forms of such information, cannot be released to or discussed with anyone other than authorized individuals. I will also violate this provision if I intentionally or negligently mishandle or destroy confidential information.

10. I understand that I am not to contact the individuals(s) or other related persons to whom confidential information pertains unless I am specifically authorized to do so by law.

11. I understand that it is a violation of State of Arizona and Arizona Department of Health Services policy for me to share my sign-on code and/or password for accessing electronic confidential information. I further understand that I will not use another person's sign-on code and/or password or otherwise attempt to access electronic confidential information that is not within the scope of my work.

12. I understand that it is my responsibility to know and abide by any additional confidentiality provisions required by my job that may be issued by the Arizona Department of Health Services or the office to which I report. If I have questions about which confidentiality rules apply to my job, I understand that it is my responsibility to ask my supervisor prior to releasing any information, even if the information request is in the form of a subpoena or other legal document.

13. I understand that it is my responsibility to report any observed or suspected breach of confidentiality by any other employee to my supervisor.

14. I understand that if it is determined that I have violated this Pledge or any other confidentiality requirement, I may be subject to formal disciplinary action up to and including loss of privileges, contractual or other rights which may be granted as a result of an affiliation in accordance with Arizona Department of Health Services and/or State of Arizona procedures. Unauthorized use or release of confidential information may also subject me to personal, civil, and/or criminal liability and legal penalties.