

EMPLOYEE CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, have read and understand the Brevard Public Schools policies regarding the privacy of individually identifiable health information (or protected health information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that I have received training in Brevard Public Schools' policies concerning PHI use, disclosure, storage, and destruction as required by HIPAA.

In consideration of my employment or compensation from Brevard Public Schools I hereby agree that I will not at any time – either during my employment or association with Brevard Public Schools or after my employment or association ends – use, access, or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with Brevard Public Schools, as set forth in Brevard Public Schools privacy policies and procedures or as permitted under HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with Brevard Public Schools, whether in oral, written, or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Brevard Public Schools policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including the termination of employment or association with Brevard Public Schools and the imposition of civil penalties and criminal penalties under applicable Federal and State law, as well as professional disciplinary action as appropriate.

I understand that this obligation will survive the termination of my employment or end of my association with Brevard Public Schools, regardless of the reason for such termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

4/03  
8/03