



## IDHS CONFIDENTIALITY ACKNOWLEDGEMENT

As an employee, workforce member,\* or on-site contract worker of the Illinois Department of Human Services (DHS) I may come in contact with the confidential and protected health information of DHS customers and employees. I understand that access to, and disclosure of, this information is governed by state and federal statutes including, but not limited to, the Health Insurance Portability and Accountability Act [45 CFR 160, 162, and 164], the Illinois Personal Information Protection Act [815 ILCS 530/1 *et seq.*], the Illinois Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110/1 *et seq.*] and by DHS policy as stated in its Administrative and Program Directives and the DHS Employee Handbook. I understand that I must comply with the above confidentiality statutes and DHS Administrative Directives and will treat all information covered under these statutes and Directives as privileged information.

- I will not access or disclose customer or employee confidential information or protected health information unless I have a specific need to do so in order to perform my assigned job duties.
- I will not remove customer or employee confidential information or protected health information from my work environment in paper or electronic format such as on a disc, flash drive, or computer unless they are encrypted by MIS.
- I will not use electronic mail, electronic fax or other means to transmit customer or employee confidential information or protected health information outside the secure state network unless done in accordance with DHS Administrative Directives.
- I understand that shredding is the only acceptable method of disposing of confidential or protected health information in paper form. I will not dispose of confidential or protected health information unless I shred it or place it in approved shredding receptacles.
- Upon termination of my employment, I agree to maintain the confidentiality of any information which I may have learned during my employment at DHS. Also, upon termination of my employment, I will not attempt to access any information on the DHS servers.

I have received, read, and understand the DHS Confidentiality Acknowledgement and adherence to it is a condition of my employment. Violation of this Agreement may result in disciplinary action, up to and including discharge.

\_\_\_\_\_  
Printed Employee Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### Approval/Authorization:

\_\_\_\_\_  
Printed Supervisor Name

\_\_\_\_\_  
Supervisor (required for all)

\_\_\_\_\_  
Date

\*For purposes of this acknowledgement, workforce members include volunteers, trainees, and other persons whose conduct, in the performance of work for DHS, is under the direct control of DHS, whether or not they are paid by DHS.