

West Virginia Department of Health and Human Resources

Employee Confidentiality Statement (ECS)

Effective: Aug. 6, 2009

1. I understand that I will have access to confidential records and information which is protected by law, legislative rules and/or the Department of Health and Human Resources (DHHR).
2. I understand that because of my position I may have access to confidential information collected by various agencies and programs of the Department unrelated to my own duties, including the ability to grant others access to confidential information.
3. Confidential information includes, but is not limited to, demographic, medical, and financial information, as well as results of special studies and sources of information. Confidential information may consist of verbal communications or be stored in written, printed, or computerized databases, and includes images as well as text, release of which would or might constitute an invasion of privacy for the individual concerned. Further, this policy applies to all staff, with or without current access to confidential data and information which is stored electronically, in hard copy, and/or the forms, papers and/or other media used to transmit, replicate, copy or disseminate any, private, or otherwise confidential information.
4. I agree to abide by all confidentiality provisions and restrictions applicable to specific databases containing personally identifiable or otherwise confidential information. Confidentiality provisions and restrictions may include law, regulations, DHHR or Office policies. If database specific release provisions and restrictions do not exist, then I will only share personally identifiable data or other confidential information (1) in the context of a legitimate work situation, and/or (2) with staff who are known by me to have prior authorization by my superior to have access to the data. All the above applies to release of data in total or fragmented form. Further, I will not misuse any media, documents, forms, or certificates in any manner which might compromise confidentiality or otherwise be illegal or against agency policies (altering a record, using a certificate improperly, etc.)
5. I understand that if I have any questions about the confidentiality of information or its release, it is my responsibility to request clarification from my immediate supervisor. If I am directed to release information in which I feel to be a questionable release or circumstance I may request written authorization from my supervisor at any time. I may also require a written request from all data requesters.
6. I agree to use my special access to information only as is absolutely necessary to administer the system(s) for which I am responsible, and will not obtain or attempt to obtain confidential information for any unauthorized persons or uses.

7. I understand that all access to confidential information is subject to monitoring and audit.
8. I understand that even when I no longer have access to records at the West Virginia DHHR, I am bound by this document and must continue to maintain the confidentiality of information to which I previously had access.
9. I have read (<http://intranet.wvdhhr.org/Policies/IT/index.htm>) and will abide by the West Virginia Computer Crime and Abuse Act, WV Code 61- 3C-1 through 61-3C-21 and West Virginia Code, Sections 9-2-5 and 49-7-1. I understand that a security violation in any of the above may result in criminal prosecution according to the provisions of the above identified laws.
10. I have read and will abide by the provisions of all DHHR and IT Policies and Operating Procedures (<http://intranet.wvdhhr.org/policies/it/itpolicies.asp>); Common Chapters Manual Chapter 200 – Confidentiality (<http://intranet.wvdhhr.org/forms.asp>); DHHR Policy Memorandum 2104 (Guide to Progressive Discipline); Policy Memorandum 2108 (Employee Conduct); and Office of Technology Policies. I understand that a violation in any of these policies may result in disciplinary action against me, including termination of employment for first offense, as well as possible civil and/or criminal liability for me.
11. My signature certifies that I understand and will abide by the statements contained in this document.

Employee/Volunteer (Print Name)_____

Employee/Volunteer (Signature) Date

Supervisor (Signature) Date