## Boston Public Health Commission Pledge of Confidentiality for Employees, Contract Employees, Interns or Volunteers Form A

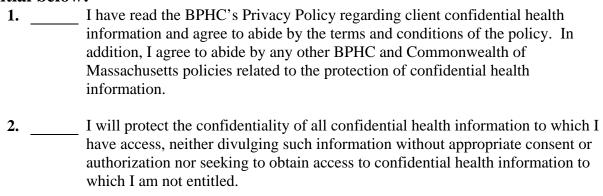
I, the undersigned, understand that in the course of my employment by the Boston Public Health ("BPHC") I may have access to confidential health information. The term "confidential health information" as used in this pledge of confidentiality shall have the same meaning as in BPHC Privacy Policy. It includes, for example, such information as clinical diagnoses, health status, receipt of services, demographic data, or any other personal characteristics that have been collected as part of a service program, surveillance, research project, or other BPHC endeavor. This information may be contained in paper forms, computerized databases or other media.

I understand access to this confidential health information is provided for the sole purpose of carrying out my assigned duties on behalf of BPHC. I understand that the confidentiality of this information is protected from unauthorized use or disclosure under state and federal law and that its use for treatment, research or other purposes is limited by law and BPHC policy and practices.

I recognize that the unauthorized use, disclosure, or discussion of any confidential health information may cause serious damage to individuals, programs, and BPHC. Such unauthorized use is inconsistent with my assigned responsibilities may be a violation of the BPHC Privacy Policy, state and/or federal law. I understand that unauthorized use, disclosure or discussion, may be sufficient cause for disciplinary action, including termination of my employment or contract, and I may be subject to civil or criminal sanctions.

In order to protect confidential health information from unauthorized use or disclosure and to preserve the integrity of the data systems to which I have access, I acknowledge and agree that:

## Initial below:



Emplo	oyee/Contractor/Intern Signature	Date
10.	learned during the course of my employment if my role with BPHC changes, of after my employment or contract ends.	
10.	in disciplinary or other legal action.  I understand that I may not divulge or share confidential health information	
9	I understand that infringement of these rules will be documented and may result	
8	All data and reports I generate are the property of BPHC and I will only release reports and other information (both confidential and non-confidential) in accordance with established policies.	
7	I will not discuss confidential health information job-related duties and I will not allow such conspaces including but not limited to elevators, he rooms, where they may be overheard.	eversations to occur in public
6	I will keep all confidential health information, computer diskettes, in locked files when I leave protect computer files by logging off when leave visitors at a workstation where there may be convitionally without first taking appropriate precautions for	e my work area unattended. I w ving work. I will not receive onfidential health information
5	I will report to my supervisor any misuse of co any facts that lead me to suspect that my comp my passwords have been compromised.	
4	Any passwords and/or identification codes assist computers are intended for BPHC related use of accountable for all data, reports, and other activassigned passwords and identification codes. It passwords/ID codes to others and will be responsible to their own passwords/co	only. I understand that I will be wities performed under my will not disclose my onsible for assuring that any state.
3	I will not remove any confidential health information from BPHC building in which it is stored, unless authorized to do so. I will not attempt to transmit confidential data electronically, except in accordance with approved BPHC Privacy Policy.	