



**SARASOTA COUNTY GOVERNMENT
EMPLOYEE HIPAA CONFIDENTIALITY AGREEMENT / TRAINING ACKNOWLEDGEMENT**

I, _____, have read and understand the Sarasota County Government 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 Sarasota County Government policies and procedures concerning PHI use, disclosure, storage and destruction as required by HIPAA.

As part of the terms and conditions of my employment with Sarasota County Government, I hereby agree that I will not at any time – either during my employment or association with Sarasota County Government 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 Sarasota County Government, as set forth in Sarasota County Government’s 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 Sarasota County Government, 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 Sarasota County Government 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 Sarasota County Government 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 Sarasota County Government, regardless of the reason for such termination.

Signature

Date