

Adopted: January 25, 2011

Minnewaska Area Schools Policy 1013

Revised: _____

Origin: 2010

**1013 HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT OF
1996 (HIPAA)
CONFIDENTIALITY AGREEMENT FOR CUSTODIAL SERVICES**

This Confidentiality Agreement is between Minnewaska Area Schools Day Treatment and DASHIR and is effective as of the date first below written.

Minnewaska Area Schools Day Treatment is required to comply with legal and accreditation standards governing release of medical information and the Health Information Portability and Accountability Act of 1996 (“HIPAA”) and the Department of Health and Human Services (“DHHS”) security and privacy regulations’ requirement to protect the security and privacy of health information, as well as our duty to protect the confidentiality, integrity, and availability of confidential medical information as required by federal and state law, professional ethics, and accreditation requirements.

As a contractor, consultant, or other associate of Minnewaska Area Schools Day Treatment, DASHIR may become aware of confidential information regarding the patients served by Minnewaska Area Schools Day Treatment. To confirm that you as DASHIR fully understand and accept your responsibilities in connection with such confidential information, you must agree to the terms printed below by signing this Confidentiality Agreement.

What Is Confidential Information?

Information obtained as a result of an individual’s contacts with Minnewaska Area Schools Day Treatment is considered confidential for prospective, current, and former patients. Confidential information is all written (including electronic) and nonwritten health information regarding a patient, including but not limited to, the following:

- Past, present, or future physical or mental health or condition of an individual.
- The provision of health care to an individual.
- Past, present, or future payment for the provision of health care to an individual.

Legal Status of Contractor with Respect to Health Information

DASHIR is not a business associate of Minnewaska Area Schools Day Treatment because DASHIR’s exposure to individually identifiable health information is merely incidental or accidental. Thus, DASHIR does not have to comply either with the HIPAA Security and Privacy Rule business associate requirements or with the Health Information Technology for Economic and Clinical Health (“HITECH”) Act’s requirements for business associates effective February 17, 2010. Nonetheless, DASHIR and its agents and employees could face criminal liability under HIPAA for the improper access, use, or disclosure of individually identifiable

health information and also under other federal and state criminal statutes, as well as civil liability for such improper acts.

Agreement Not to Disclose Confidential Information

1. DASHIR, its employees, and agents will not disclose, use, lecture upon, write articles about, or otherwise reveal to anyone outside of Minnewaska Area Schools Day Treatment any identifiable confidential information, health-related or otherwise, whether during association with Minnewaska Area Schools Day Treatment or after its association with Minnewaska Area Schools Day Treatment ends, except as allowed by specific release, policy, or law.
2. DASHIR, its employees, and agents will not acknowledge that a person is or was a patient of any provider or is using Minnewaska Area Schools Day Treatment's services without the permission of that patient and notification to Minnewaska Area Schools Day Treatment.
3. No employee or other member of DASHIR's workforce (hereafter "employee") will leave written material regarding any consumer in an unattended, unsecured area; this requirement includes ensuring that all confidential material is in a locked area (or area inaccessible to patients and/or the public) when staff is not in direct attendance.
4. DASHIR, its employees, and its agents that find any media that could contain confidential information or any document(s) will take the actions specified in Appendix A to this Confidentiality Agreement.
5. DASHIR, its employees, and its agents will maintain the security of Minnewaska Area Schools Day Treatment's building by not allowing unauthorized individuals to have access to the building(s) and by protecting keys, key cards, or key-codes to provide access to the building. In the event that any key, key card, or key-code is lost or compromised, DASHIR will notify Minnewaska Area Schools Day Treatment as soon as possible.
6. DASHIR will require all employees to sign the confidentiality agreement at Appendix B.

This entire agreement will remain in force throughout the duration of DASHIR employment, contracting, or other association with Minnewaska Area Schools Day Treatment. Violations of this Agreement may be grounds for disciplinary action up to and including termination, professional discipline, and criminal prosecution even if committed after termination of DASHIR's employees or agents relationship with Minnewaska Area Schools Day Treatment or with DASHIR.

For DASHIR:

Printed Name of Person Signing

Title of Person Signing

Signature

Date

Witness Signature

Date

For Minnewaska Area Schools Day Treatment:

Printed Name of Person Signing

Title of Person Signing

Signature

Date

Witness Signature

Date

Appendix A

Any custodial service employee that incidentally or accidentally comes across media or documents that may contain confidential information must turn that information into the principal. If the principal is not immediately available, then it should be given to the director of mental health services.

Appendix B

Non-Employee Confidentiality Statement

All patient protected health information (“PHI”), which includes patient medical and financial information, employee records, financial and operating data of Minnewaska Area Schools Day Treatment, and any other information of a private or sensitive nature is considered confidential. Confidential information shall not be used or disclosed unless specific permission to do so has been obtained and granted by Minnewaska Area Schools Day Treatment, or its designee. Applicable federal and state laws shall be followed to seek patient permission for any use or disclosure of PHI. Examples of inappropriate disclosures include the following:

- Discussing or revealing confidential information to friends or family members.
- Discussing or revealing confidential information to other coworkers or employees without a legitimate need to know.
- Removing data or documents from Minnewaska Area Schools Day Treatment’s offices.
- Using confidential information to commit crimes, such as identity theft.
- Not securing media or documents so that others may improperly access them.

The unauthorized use or disclosure of confidential information can subject an individual and the individual’s employer to liability. Disclosure of confidential information to unauthorized persons or unauthorized access to or misuse, theft, destruction, alteration, or sabotage of such information may result in your immediate removal from the premises and/or revocation of current and future working privileges of the individual and/or company, and may lead to legal action and/or a duty for you to mitigate damages.

Confidentiality Agreement

I hereby acknowledge, by my signature below, that I understand that patient PHI and other confidential or proprietary information of Minnewaska Area Schools Day Treatment, that I may see or hear or otherwise gain knowledge of in the course of my visit/work with Minnewaska Area Schools Day Treatment, is to be kept confidential and that this confidentiality is a condition of my privilege to visit/work with Minnewaska Area Schools Day Treatment. This information shall not be used or disclosed to anyone unless specifically authorized by Minnewaska Area Schools Day Treatment. The unauthorized use or disclosure of patient PHI is possible grounds for the following: immediate removal from the premises; revocation of all future visiting/working privileges; legal action; and/or a duty to mitigate damages.

Date

Signature

Print Name of Person, Name of Company, and Position of Person Signing