



Delaware Health and Social Services

CONFIDENTIALITY AGREEMENT

All Department employees and agents who may have access to any client information have an ethical and a legal obligation to keep confidential all information received from and/or about persons with whom the Department is currently and/or was previously involved or otherwise has knowledge. All Department employees and agents are, therefore, required to sign this Confidentiality Agreement.

I hereby agree that I shall abide by this assurance of confidentiality and acknowledge and agree to the following stipulations:

1. I understand and support the Department's firm commitment to the principle of confidentiality of client information.
2. I understand for the purposes of all Department policies on confidentiality that Department employees and agents should be defined as all current and former employees and agents.
3. I agree to keep confidential all information contained in Department records. In fulfilling my obligation to protect client privacy, I shall adhere to the requirements of federal and state laws, Department policy and the ethical standards of my profession.
4. I shall safeguard from unauthorized disclosure all information retrieved from any computerized client database as well as any password assigned to gain access to a client database.
5. I agree to consult with my immediate supervisor or the next level of management prior to disclosure if there is any question concerning the authority to release specific confidential information.
6. I understand that all information received from and/or about persons currently or previously involved with the Department is the property of the Department and that any such information will be relinquished to the Department upon my termination of employment.
7. I understand that violation of the privacy rights of individuals through unauthorized discussion, disclosure, dissemination, or access to personal information could make me subject to Department disciplinary action as well as civil and/or criminal penalties.

8. I have read and understand all of the above statements.

(DEPARTMENT EMPLOYEE/AGENT SIGNATURE)

(DATE SIGNED)

(WITNESS)

(DATE SIGNED)