

Non-DMH Employee Confidentiality Agreement – general usage guidance

With the exception of those who visit clients, the form is appropriate for any non-DMH employee who has or may have access to clients, client information, or client PHI.

This agreement form is intended primarily for individuals such as volunteers, repair/maintenance, temporaries, and similar individuals, even if Department has a contract with their employer via contract or Purchase Order. This includes employees, including nurses and sitters, of universities, schools, and contractors even if that contract has a HIPAA exhibit attached to their contract (i.e., as a reminder about the requirement for privacy and confidentiality). This form should especially be used for employees or agents of other non-HIPAA covered entities such as individuals who perform work via a State awarded contract (e.g., the telephone company) because DMH normally will not have input relative to the language in these type contracts.

Alabama Department of Mental Health

NON-DMH EMPLOYEE CONFIDENTIALITY AGREEMENT

For access to {facility name} Premises

Non-DMH employee name (print)

Date (print)

Company/organization, if applicable (print)

Purpose(s) of facility Access and area(s) of access (print)

INITIALS

_____ I understand and agree that any information about any client/patient who currently is, or has ever been, located at this facility is confidential.

_____ I understand and agree that any information about a client of which I become aware by reading, hearing, by sight, or otherwise, cannot be shared with any other person or entity, except as specifically authorized by the facility or as required by law.

_____ I know of no reason that would contraindicate my having access to this facility.
Examples include, but are not limited to:

- Conviction of a criminal act.
- Previous breach of privacy.
- Previous breach of confidentiality or security.

_____ I understand and agree that any and all client information shall remain confidential even after my work or other interactions at this facility end.

Signature

Signature of witness