

Appendix 815 A

ETHICS AND CONFIDENTIALITY AGREEMENT

I understand that Eau Claire County has a legal and ethical responsibility to safeguard the privacy of all clients and to protect the confidentiality of their health information. Additionally, Eau Claire County must assure the confidentiality of its human resources, payroll, fiscal, and information systems (collectively "Confidential Information").

In the course of my employment/assignment at Eau Claire County, I understand that I may come into the possession of Confidential Information.

I further understand that I must sign and comply with this agreement in order to get authorization for access to any of Eau Claire County's Confidential Information.

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. In addition, I understand that my personal access code, user ID(s), and passwords used to access computer systems are also an integral aspect of this Confidential Information.
2. I will not access or view any Confidential Information, or utilize equipment, other than what is required to do my job.
3. I will not discuss Confidential Information where others can overhear the conversation (for example, in hallways, on elevators, in the break room, at restaurants, and at social events). It is not acceptable to discuss Confidential Information in public areas even if a client's name is not used. Such a discussion may raise doubts among clients and visitors about our respect for their privacy.
4. I will not make inquiries about Confidential Information for other personnel who do not have proper authorization to access such Confidential Information.
5. I will not willingly inform another person of my computer password or knowingly use another person's computer password instead of my own for any reason, except maintenance or technical support.
6. I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information in Eau Claire County's computer system. Such unauthorized transmissions include, but are not limited to removing and/or transferring Confidential Information from Eau Claire County's computer system to unauthorized locations (for instance, home).
7. I will password protect any computer prior to leaving it unattended.
8. If transporting confidential information, I will follow all safeguards put in place by Eau Claire County Policy #815
9. I will comply with any security or privacy policy promulgated by Eau Claire County to protect the security and privacy of Confidential Information.
10. I will immediately report to my supervisor any activity, by any person, including myself, that is a violation of this Agreement or of any Eau Claire County information security or privacy policy.
11. Upon cessation of my employment, I will immediately return any documents or other media containing Confidential Information to Eau Claire County.
12. I agree that my obligations under this Agreement will continue after the cessation of my employment.
13. I further understand that all computer access activity is subject to audit.

By signing this document I understand and agree to the following:

I have read the above agreement and agree to comply with all of its terms. I understand that violation of this Agreement may result in disciplinary action, up to and including discharge of employment and/or suspension and loss of privileges, in accordance with Eau Claire County's discipline policy, as well as legal liability.

Signature of employee/consultant/student/volunteer: _____

Print Name: _____ Date: _____

TO BE FILED IN EMPLOYEE'S PERSONNEL FILE