

GEORGIA CANCER REGISTRY CONFIDENTIALITY STATEMENT

I understand that the records and information I will have access to as an employee of (including contractors and temporary employees) the Georgia Department of Public Health (DPH) are confidential and protected by the state and federal law and by DPH Rules and Regulations. Confidential information includes, but is not limited to, medical, financial, and demographic information about clients and employees. Confidential information can be verbal, or it can be contained in an electronic or a hard copy format.

I agree to share pertinent and confidential information only in the context of my job responsibilities and only with appropriate department personnel. I agree not to discuss confidential information, including but not limited to the names of clients, outside the appropriate work situation.

I understand that if I have any questions about the confidentiality of information or the appropriateness of its disclosure, it is my responsibility to notify my immediate supervisor.

I understand that a breach of this confidentiality will result in disciplinary action, up to and including termination of employment, as well as possible civil and/or criminal liability for me and/or the DPH.

I understand that even when I am no longer an employee (contractor, temporary employee) at DPH, the information I had access to must continue to be kept confidential.

My signature certifies the following:

1. The DPH Confidentiality Policies and Procedures have been explained to me and I have had the opportunity to ask questions about the policies.
2. I have received a copy of the DPH Confidentiality Policies and Procedures.
3. I understand the DPH Confidentiality Policies and Procedures and agree to comply with them.

Employee's (contractor) Signature

Date

Supervisor's Signature

Date