

**CONFIDENTIALITY POLICY**  
**GENERAL CONFIDENTIALITY AGREEMENT AND**  
**CERTIFICATE OF RECEIPT**

I acknowledge that I have received and maintained current training on the VDH Confidentiality Policy and Procedures and it is my responsibility to comply with all aspects of the policy and procedures. I acknowledge and understand that I may have access to confidential information, including [Protected Health Information \(PHI\)](#), and [Personal Information \(PI\)](#) regarding VDH personnel, clients/patients, or the public. In addition, I acknowledge and understand that I may have access to proprietary or other confidential information or business information belonging to the VDH. Therefore, except as required or permitted by law, I agree that I will not:

- Access or attempt to access confidential data that is unrelated to my job duties at VDH;
- Access or attempt to access Protected Health Information (PHI) beyond my stated authorized [HIPAA](#) access level;
- Disclose to any other person, or allow any other person access to, any information related to VDH that is proprietary or confidential and/or pertains to employees, students, clients/patients, or the public. Disclosure of information includes, but is not limited to, verbal discussions, FAX transmissions, electronic mail messages, voice mail communication, written documentation, “loaning” computer access codes, and/or another transmission or sharing of data.
- Disclose Protected Health Information (PHI) in violation of law.

I understand that VDH and its employees, clients/patients, or others may suffer irreparable harm by disclosure of proprietary or confidential information and that VDH may seek legal remedies available to it should such disclosure occur. I understand that violations of this agreement may result in disciplinary action, up to and including, termination of my employment. Further, I understand that I am bound by this agreement after I am no longer an employee, volunteer, contractor, or assignee of VDH.

This document will be maintained in your official personnel record.

Employee's Name (please print): \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HR Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_