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## CONFIDENTIALITY STATEMENT- STAFF

I have been notified that as a staff member working with the Scioto County Health Department, I may become aware of or obtain protected health information for individuals or institutions/facilities. Ohio Revised Code section 3701.17 defines "protected health information" as information, in any form, including oral, written, electronic, visual, pictorial, or physical that describes an individual's past, present, or future physical or mental health status or condition, receipt of treatment or care, or purchase of health products, if either of the following applies:

- (1) The information reveals the identity of the individual(s) who is the subject of the information, or
- (2) The information could be used to reveal the identity of the individual who is the subject of the information, either by using the information alone or with other information that is available to predictable recipients of the information. (Examples include but are not limited to addresses, phone numbers, social security numbers, schools, workplaces, etc.)

Protected health information reported to or obtained by the Scioto County Health Department is confidential and shall not be released by the staff member working with the Scioto County Health Department, unless required and authorized by law in order to protect public health. Further, any health information reported to the Scioto County Health Department by or regarding any health care facilities, child care facilities, schools, businesses, or other institutions is considered confidential and shall not be released by the staff member except according to established policies and protocols for reportable information. For more detailed information on protected health information and legally authorized disclosures, I understand it is my responsibility to contact my supervisor and/or the Scioto County Health Department's HIPAA Compliance Officer, Vickie Patrick, RN.

Having been so advised, I, as a staff member working with the Scioto County Health Department, am aware of my responsibility to maintain the confidentiality of the protected health information received by the Scioto County Health Department during my affiliation with the Scioto County Health Department, and shall not disclose any information regarding the confidential protected health information obtained by the Scioto County Health Department, in any manner or form.

Any unauthorized disclosure shall be reported immediately to my supervisor who in turn will notify the Health Commissioner of the Scioto County Health Department, and will result in corrective action; which may include but is not limited to the termination of my employment with the Scioto County Health Department and/or notification of the appropriate disciplinary board (e.g. Ohio Board of Nursing for nurses).

I further understand that I have read and will abide by the confidentiality guidelines established by the Scioto County Board of Health for the Scioto County Health Department, and by HIPAA, and am aware that my responsibilities to maintain confidentiality remain effective indefinitely after my affiliation with the Scioto County Health Department is completed or has been terminated.

Having been so advised, I agree to the above terms and conditions.

Staff Member Name (please print) \_\_\_\_\_

Staff Member Signature \_\_\_\_\_ Date: \_\_\_\_\_