

The purpose of this document is to specify the requirements for the acceptable use and/or disclosure of protected health information by members of the New Mexico Department of Health (DOH) workforce.

- 1. The unauthorized use and/or disclosure of protected health information (PHI) is strictly prohibited.**
 - a. Any DOH equipment, e.g., computers, facsimile machines, copy machines, etc., is to be used for authorized purposes only. The transmission of any information by electronic medium in violation of any federal or state law and DOH Policies and Procedures is strictly prohibited. This includes, but is not limited to, the unauthorized use and/or disclosure of protected health information.
 - b. The use and/or disclosure of protected health information for your own personal use or gain is strictly prohibited.
 - c. Retention of protected health information for your own personal use or gain is strictly prohibited.

- 2. You must take appropriate measures to safeguard protected health information by:**
 - a. Locking and/or securing work areas containing protected health information at all times.
 - b. Maintaining, storing, and/or disposing of protected health information in accordance with all applicable federal and state laws and DOH Privacy policies and procedures.
 - c. Utilizing automatic computer locking screen savers at all times on computers that contain protected health information.
 - d. Safeguarding all computer passwords.
 - e. Locking or logging off computers that contain protected health information when not present (logoff when you leave for the day; lock it when you are away from your desk).
 - f. Utilizing only equipment and resources that you have been assigned or authorized to use.
 - g. Respecting the confidentiality of protected health information by complying with all applicable federal and state statutes and DOH Privacy policies and procedures.
 - h. Maintaining the confidentiality of protected health information at all times, even after separation of employment or work from DOH.

- 3. You are required to report known or suspected unauthorized or inappropriate use and/or disclosure of PHI.**

STATEMENT OF UNDERSTANDING:

I have read this Confidentiality Agreement and have received the training on maintaining the confidentiality of protected health information. I understand the limits of the use and/or disclosure of any protected health information. I further understand and agree to abide by the DOH Privacy policies and procedures. I understand that any unauthorized use and/or disclosure of protected health information or other violation of this agreement can result in disciplinary action up to and including dismissal.

I acknowledge that I have reviewed this Agreement with my Supervisor or DOH Coordinator.

Name (please print) _____

Signature _____

Division or Facility/City _____

I acknowledge that the above named member of the DOH workforce has been appropriately trained and that a copy of this Confidentiality Agreement was provided to the above named member of the DOH workforce and a copy was kept by his/her supervisor/coordinator. The original Confidentiality Agreement was sent to the DOH Human Resources Bureau (HRB) for placement in this employee's DOH official personnel file, or for non-employees, the original was kept by this person's DOH Coordinator.

Supervisor or DOH Coordinator Name (Please print) _____

Signature _____

Date _____ Date sent to DOH HRB or DOH Coordinator _____

Division or Facility/City _____