

City of Archer City

CONFIDENTIALITY AGREEMENT (Employee)

This is an AGREEMENT between the parties listed below.

Date of AGREEMENT: _____

Parties: City of Archer City
Archer City EMS
Archer City Fire Department
Archer City Police Department

Printed Name of Employee Signing Agreement

Job Title

Purpose:

To ensure that the parties are aware of their responsibilities under the provisions of the laws of the State of Texas relative to confidentiality and privacy of protected patient health information and under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and that they will comply with the policies and procedures of City of Archer City concerning a patient's Protected Health Information (PHI).

Policy Statement:

The information received from patients or others relative to the care of our patients is private and confidential and is protected from unauthorized use and disclosure by both federal and state law.

It is the policy of City of Archer City that all patient health information will be treated as private and confidential by all employees and other persons at all times. Such information will be known as Protected Health Information (PHI).

PHI may exist in any form, oral, written, electronic, or photographic.

Regardless of what form it is in, PHI will be kept confidential except as necessary for the following purposes:

- **Treatment**
- **Payment**
- **EMS Operations**
- **When required to be reported or disclosed by law**

The Policy and Procedures Manual of this organization provides detailed information about when, how, and to whom PHI can be used or disclosed.

Agreements:

City of Archer City agrees as follows:

- **That the City of Archer City and the employee signing this agreement have either a relationship by virtue of the person signing being an employee of the City of Archer City in an employment capacity other than as an emergency response position [fire, EMS, police, et cetera].**
- **That PHI may at times be transmitted to employee as an incidental part of employment, for treatment, health care operations, billing, records keeping, evaluation, audit, or for other purposes which are for the benefit of City of Archer City and/or the employee party.**

Employee agrees as follows:

- **To treat any PHI received in the course of employee's relationship with City of Archer City as confidential and to comply with the provisions of Texas and Federal laws governing use and disclosure of PHI**
- **That if PHI is used or disclosed in any way which is not permitted by law, the instance of use or disclosure will be reported to the Privacy Officer identified in the Privacy Notice immediately**
- **Failure to comply with policies and procedures concerning PHI may result in suspension or termination of the relationship between employee and City of Archer City member services.**
- **Unauthorized use or disclosure of PHI may constitute a violation of state and federal laws, and employee may be liable for civil penalties of \$100.00, (\$3,000 under Texas Health Records Privacy Act, Chapter 181, H&SC) for each unauthorized use or disclosure, up to a maximum of \$25,000.00 in one year under federal law, or criminal penalties of up to \$250,000.00 fine and 10 years imprisonment under federal law. Employee may be further subject to a \$250,000 fine imposed by the State of Texas, and injunctive relief may be sought against employee by the Attorney General of the State of Texas if employee should violate either the provisions of the Texas Health Records Privacy Act or HIPAA.**
- **If the employee, ceases to have an employment business relationship with City of Archer City for any reason employee agrees that employee will immediately return any and all PHI that employee may have in his or her possession to City of Archer City.**
- **If employee's relationship with City of Archer City ceases, employee will continue to treat all PHI as confidential and comply with City of Archer City's policies and procedures concerning PHI.**

_____ Initials

I, the aforesaid employee, have read and understand all policies and procedures of City of Archer City concerning PHI, and I have read a copy of the Privacy Notice posted in various locations, including paperwork available with the ambulances, of the City of Archer City.

SIGNED AND AGREED ON THE DATE WRITTEN ABOVE.

City of Archer City

BY _____

Authorized Representative

Employee:

Signature

Printed name: