

Plumas County, California  
HIPAA RELATED POLICY AND PROCEDURE

**EMPLOYEE CERTIFICATION  
REGARDING PROTECTED HEALTH INFORMATION (PHI)**

**I understand that while performing my official duties I may have access to protected health information. I understand that the County has adopted HIPAA related privacy policies (Board of Supervisors Resolution No. \_\_\_\_\_(4-8-03) BECAUSE:**

- ☐ Protected health information is individually identifiable health information that is created, maintained or used within a department.
- ☐ Protected health information is not available to the public.
- ☐ It is necessary to protect this type of information from unlawful or unauthorized access, use, duplication, modification, disclosure or destruction.

**I agree to:**

- ☐ Seek guidance from a Privacy Officer if I am uncertain how to address any HIPAA related issue.
- ☐ Access, use, modify or disclose protected health information only for the purposes of performing my official duties.
- ☐ Never access or use protected health information for personal interest or advantage. Show, discuss, or disclose protected health information only to those who have the legal authority to receive it.
- ☐ Never retaliate, coerce, threaten, intimidate or discriminate against individuals who file complaints, participate in investigations or exercise their rights relating to HIPAA. Remove protected health information from the work area only in connection with my official duties.
- ☐ Never share computer passwords with anyone, or store passwords in a location accessible to unauthorized persons.
- ☐ Keep protected health information physically secure from access by unauthorized persons. Dispose of protected health information by utilizing an approved method of destruction. I will not dispose of such information in wastebaskets or recycle bins.

I understand that penalties for violating privacy practices may include disciplinary action, and federal law prescribes civil or criminal prosecution for violations of HIPAA.

**“I certify that I have read and that I understand the foregoing.”**

Print Full Name

---

Agency/Department

---

Signature:

---

Date Signed:

---

Date Issued - April 14, 2003  
Date Revised – November 25, 2003