

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Confidentiality and Health Insurance Portability and
Accountability Act of 1996 (“HIPAA”) Assurance Agreement and
State Law Confidentiality Requirements**

I, _____ the _____ of
(Print Name) (Job Title)

_____ understand and will comply to safeguard the use,
(Name of Contractor/Qualified Provider)
publication and disclosure of information (“protected health information”) on all applicants for, and
all individuals supported by the Department of Developmental Services who receive Clinical
Behavioral Supports or Healthcare Coordination under contract or through a Provider Authorization
accordance “with all applicable federal and state law regarding confidentiality, which includes
in but is not limited to the requirements of the Health Insurance Portability and Accountability Act
of 1996 (“HIPAA”), more specifically with the Privacy and Security Rules at 45 C.F.R. Part 160 and
Part 164, subparts A, C, and E, and Regs. Conn. Agencies – DDS, Section 19-570-5.

Signed,

Name (Signature)

Date

Name (Print)