

Connecticut Department of Public Health
CONFIDENTIALITY PLEDGE

I recognize the importance of maintaining the confidentiality of personal and personal health information collected by the Connecticut Department of Public Health (DPH), and of assuring the right to privacy of persons, facilities, clients of facilities, and agencies which cooperate with programs within DPH, are regulated by DPH, or participate in DPH's information collection efforts. I also understand that DPH is legally obligated to protect the privacy of personal health information. I have read Connecticut General Statutes, Section 19a-25 and Sections 19a-25-1 through 19a-25-4 of the Regulations of Connecticut State Agencies concerning confidentiality of records concerning morbidity and mortality and have been advised that DPH can take necessary action if a breach of confidentiality occurs. I also understand that my adherence to this pledge applies throughout and subsequent to my employment at the Department of Public Health.

I therefore pledge that I will NOT divulge the identity of patients, physicians, facilities, clients of facilities, or agencies included in information obtained from DPH to anyone other than another DPH employee or associate of DPH who is approved for access to the information and has either signed a DPH confidentiality pledge or executed a contract or Memorandum of Agreement authorizing such disclosure.

I agree to protect all confidential information during its collection, use, storage, and destruction. Disclosure of confidential information will be done only in the discharge of my duties (including reporting duties imposed by legislation) and based on a programmatic need to know.

Date: _____

Individual Pledging to Maintain Confidentiality

Name _____

Title _____

Address _____

SIGNATURES:

Individual Pledging to Maintain Confidentiality

Program Supervisor