Secure User Confidentiality Statement

As a person who will have access to client-level data in order to fulfill my responsibilities, I hereby acknowledge that my access to this data shall be restricted as follows:

- 1. I understand that all information as to personal facts and circumstances obtained in connection with client-level data must be held confidential and be considered privileged communications
- 2. I shall hold in confidence any information about persons which comes to my attention through my access to client-level data
- 3. I shall not divulge or disclose this information in any manner whatsoever to an unauthorized person.
- 4. I shall access only those client-level data records that I must collect, process or analyze in fulfillment of my responsibilities
- 5. I shall challenge any unauthorized users of the data and report suspected security and confidentiality breaches to my direct supervisor or the Vermont Department of Health HIV/STD/Hepatitis Program.

Additionally, I understand that I may be subject to reprimands, suspension of system privileges/data access privileges, suspension from duty, civil penalties or criminal prosecution for any of the following acts:

- 1. Failure to ensure the confidentiality of the client-level data records to which I have access by:
 - a. Failing to adhere to the policies and procedures in the document entitled "Vermont Department of Health HIV/STD/Hepatitis Program Confidentiality and Security Policies and Procedures for Client-Level Data"
 - b. Otherwise causing the disclosure of any client-level data to an unauthorized person
- 2. Accessing records that are not necessary for fulfillment of my responsibilities as a secure user
- 3. Failing to challenge unauthorized use of client-level data
- 4. Failing to report a suspected breach of security or confidentiality to a supervisor.

Upon concluding my work as a secure user at	, I hereby agree to
	{Insert agency name}
underson to	all records and contract there of that I also in ad in

all records and copies thereof that I obtained in return to ___ {Insert agency name}

connection with my work as a secure user. Furthermore, I agree to keep confidential all information contained in the records to which I had access during my work as a secure user at

{Insert agency name}

Secure User Signature: Date

{Print First and Last Name}

Witness Signature_____ Date_____ Date_____

{Print First and Last Name}