Attachment K

Protected Health Information Access
Employee Responsibility Understanding

To: _____
(Please print clearly.)

You are hereby notified that you have been granted limited access to protected health information [1] that is protected under the Health Information Portability and Accountability Act (HIPAA), 45 CFR Part 142. This access is granted to enable you to perform your job and is not to be used for any other reason without the express written consent of the specific health care component Privacy Officer and the person identified within the information.
If you disclose this information in a manner that is not consistent with your job function or specific authorization, you are subject to penalties according to the disciplinary processes already in place for your employee/faculty group, up to and including termination of employment. In addition, you may be subject to civil and criminal penalties for misuse or misappropriation of health information. Violations may result in notification to law enforcement officials and regulatory, accreditation and licensure organizations.
Upon termination or transfer to another department your access to protected health information will be revoked or altered. Inappropriate use of protected health information from then on shall be an unlawful use or disclosure subject to civil and criminal penalties for misuse or misappropriation of health information.

I have read the above statement of responsibility and I understand my responsibility to use this access authorization in a responsible manner.

Signature of Person Granted Access: _____

Date: _____/_____/_____

Signature of Privacy Officer: _____

Date: _____/_____/_____

[1] "Protected Health Information" is defined as "information related to a person's past, present or future health condition."

Revised as of 3-15-05