



**Services and Activities Management Information System (SAMIS)
User Confidentiality Security Agreement
Palm Beach County Department of Community Services**

I, the undersigned, acknowledge that violation of the Health Insurance Portability and Accountability Act (HIPAA) may result in prosecution, civil liability, or civil penalty, and may subject me to disciplinary action, including possible termination of employment, by my employer.

I understand that the purpose of this agreement is to emphasize that all client information contained in any of the Palm Beach County SAMIS system related to client services systems is confidential.

I understand my professional responsibilities, and that I am to report suspected or known security violations to Palm Beach County Community Services Department.

I understand that access to confidential information is governed by State and Federal laws. Client confidential information includes medical, social and financial data.

Client data collected by interview, observation or review of documents must be in a setting which protects the client's privacy.

I further understand and acknowledge the following:

1. Registered user IDs and/or passwords are not to be disclosed.
2. Information, electronic or paper-based, is not to be obtained for my own or another person's personal use.
3. Client services information systems, data and information technology resources shall be used only for official business purposes.

User Name (print): _____

User Signature: _____

Date Signed: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Date Signed: _____