

**EMPLOYEE & VOLUNTEER CONFIDENTIALITY ACKNOWLEDGMENT**

**I. Private, Controlled and Protected Records Under GRAMA and Protected Health Information Governed By HIPAA**

Most County records are classified as public, private, controlled, or protected by the Utah Government records Access and Management Act (GRAMA), Salt Lake County Ordinance, and Salt Lake Countywide Policy. Other records containing Protected Health Information (generally including medical information) are protected by federal regulations adopted under the Health Insurance Portability and accountability Act of 1996 (HIPAA). GRAMA, County Ordinance and Policy, and HIPAA govern the release of records and the information in the records even after a person’s employment or volunteer status with the County end.

**II. County Ownership of Information on County Computers, Voice Mail and Telephones**

County employees and volunteers must protect private, controlled, or protected records and information under GRAMA and Protected Health Information under HIPAA on all County communication systems such as e-mail, internet access, FAX, voice mail, and telephones. All information on County computers and telephones is considered property of the County.

**III. Protecting Private, Protected, and Controlled Information Under GRAMA and Protected Health Information Under HIPAA.**

- A. I understand that GRAMA requires that private, protected, and controlled information be released only in compliance with GRAMA and County Ordinance and Policy. I also understand that Protected Health Information governed by HIPAA may be disclosed only in compliance with HIPAA regulations. Disclosure, release or use not permitted by statute, ordinance, policy, or regulation may subject the employee or volunteer to criminal or civil action. Such information may also not be destroyed except in compliance with county records retention policies and approved methods. Failure to comply with GRAMA, County Ordinance, County Policy, and HIPAA may also result in disciplinary action.
- B. I acknowledge that I have received instruction concerning how to protect Private, Protected, or Controlled Information under GRAMA and Protected Health Information under HIPAA as follows.
- only accessing, using, or modifying this information while performing my official duties;
  - storing this information in a place physically secure from access by persons who do not need to know this information in order to perform their official County duties;
  - disposing of this information consistent with County records retention policies and using an approved method of destruction such as shredding, burning, or certified witness destruction;
  - never disposing of such information in wastebaskets or recycle bins;
  - never sharing passwords with anyone or storing passwords in a location accessible to unauthorized persons;
  - never accessing or using this information for personal use, interest, or advantage;
  - never showing or disclosing this information to or discussing this information with persons who do not need access to this information in order to perform their official County duties;
  - never removing this information from work areas without authorization from a supervisor.

I have read the above acknowledgment, had an opportunity to ask questions, and understand it.

\_\_\_\_\_  
Print Full Name (first, middle initial, last)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Salt Lake County Health Department  
Agency/Department

\_\_\_\_\_  
Date signed