



**ADMINISTRATIVE
REGULATION AND
PROCEDURE**

Title: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) HEALTH INFORMATION PRIVACY	Code: CC0902-A
---	----------------

Procedure Reference: C0900

Appendix A to Privacy Procedure: Workforce Member Confidentiality Agreement

I, _____, have read and understand the Privacy Procedure of MATC's Plan, for the protection of the privacy of protected health information, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that I have received training in the Plan's policies concerning protected health information use, disclosure, storage, and destruction as required by HIPAA.

In consideration of my employment or compensation by MATC, I hereby agree that I will not at any time-either during my employment or association with MATC or Plan or after my employment or association ends-use, access, or disclose protected health information to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with MATC, as set forth in the Plan's privacy policies and procedures or as permitted under HIPAA. I understand that this obligation extends to any protected health information that I may acquire during the course of my employment or association with MATC or the Plan, whether in oral, written, or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply the Plan's policies and procedures during the course of my employment or association. I also understand that any unauthorized use or disclosure of protected health information will result in disciplinary action, up to and including the termination of employment or association with MATC and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as disciplinary sanctions as appropriate.

I understand that this obligation will survive the termination of my employment or end of my association with MATC, regardless of the reason for such termination.

Signed: _____ Date: _____