

As an employee of the Georgia Department of Community Health (“DCH”), and as a condition of my employment, I acknowledge the following terms and am aware that I will be held accountable for my conduct in accordance with the following:

1. I understand that I am responsible for complying with the DCH Policies and Procedures, which are available to me, including those privacy and security policies and procedures developed under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).
2. I will follow the highest ethical standards in the performance of my duties, in keeping with the DCH Statement of Ethics and the Ethics in Procurement Policy, which calls for me to safeguard sensitive information about vendors or potential vendors and not to show prejudice or favoritism toward vendors or potential vendors. Specifically, I will not share information with any person or entity that may result in an unfair advantage for any vendor in a DCH procurement.
3. I will treat all information received in the course of my employment with DCH, which relates to the members of the health plans administered by DCH, including the Medicaid program, PeachCare for Kids and the State Health Benefit Plan, as confidential and protected health information.
4. I will use and disclose health plan member information only as necessary and appropriate to perform my job, consistent with DCH Policies and Procedures.
5. I will not use e-mail to transmit confidential and protected health information or sensitive information about vendors unless I am authorized to do so under the DCH Policies and Procedures, which assure appropriate safeguards for the information.
6. Upon separation from my employment with DCH, I agree to continue to maintain the confidentiality and privacy of any information I learned while I was a DCH employee and I agree to turn over any keys, access cards, or any other device that would provide access to DCH or its information.

I understand that violation of this agreement could result in disciplinary action, up to and including my dismissal from employment with DCH.

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Employee Name (Print Above)

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Date



See the Possibilities