



Appendix C

I am working at the Department of Health and Human Services, Glenclyff Home, temporarily in order to complete work on Maintenance and Repair of Commercial Laundry Equipment for Glenclyff Home. My work is authorized by the Scope of Work in contract number RFB-2024-GLENClyFF-01-MAINT during the term of the Agreement for RFB-2024-GLENClyFF-01-MAINT.

I understand that each resident at Glenclyff Home has a right to confidentiality and to the privacy about their clinical information including the fact that they are living at Glenclyff Home.

I understand that any information, be it a photo or image, spoken word or in writing, that identifies or potentially identifies, or is about a resident may be shared among individuals who need to know the information as it is necessary for the resident's treatment or course of professional education.

I understand that resident information must be kept secure at all times, and may not be placed in or recorded by a personal electronic hardware or software, and shall be protected from any potential breach or exposure to a person or device that not authorized to see, read, or have the information.

I understand that while I am at Glenclyff Home, I have a duty to protect the confidentiality of resident information that I may come into contact with.

I understand that under no circumstance may resident information be shared with anyone unless an authorization is given by the resident or the resident's legal representative, or when there is a clear medical emergency.

I understand that when I am working at Glenclyff Home, I might:

- Unintentionally see or over hear confidential health information, or personal information about a resident, or
- Recognize a resident when I am at Glenclyff Home working.

I understand that any violation of the confidentiality is a serious offense, violates the federal Health Insurance Portability and Accountability act of 1996 (Public Law 104-191)(HIPAA), and may be grounds for legal action, breach of contract, or termination of the business relationship.

I agree that I will keep confidential and resident information that I see or overhear. I agree I will not talk about any resident I might recognize, including the fact that resident resides at Glenclyff Home.

I agree I will keep any confidential information accidentally, or unintentionally learned to myself even after I complete my work at Glenclyff Home.

I, \_\_\_\_\_, \_\_\_\_\_  
Signed name Printed Name  
have read, understand, and agree to follow the statements above.