

## DCFS STAFF CONFIDENTIALITY AGREEMENT

I, the undersigned, employee of the Department of Children and Family Services (DCFS), understand that all of the information relating to applicants/clients/recipients of this agency is confidential and shall not be shared with anyone outside of this agency unless proper procedures as established in the [DCFS Policy and Procedures Manual, Chapter 7 Part E. Confidentiality](#), [DCFS Policy 6-01 Confidentiality of Client Case Records](#), [DCFS Policy 5-3 DCFS, Computer Security Policy](#) and the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#) regulations governing the privacy of individually identifiable health information are followed explicitly. I also understand that falsification of any document is strictly prohibited and could result in termination of employment.

Information regarding applicants/clients/recipients must be safeguarded in accordance with the HIPPA statute ([42 U.S.C. 1320d, et seq.](#)), the HIPAA Privacy Rule ([45 CFR Part 164, Subpart E](#)), and Louisiana Law, [LA R.S. 46:56 \(A\)](#). Applications for assistance and information contained in case records (paper or electronic) of clients of the DCFS shall be confidential and, except as otherwise provided, it shall be unlawful for any person to solicit, disclose, receive, make use of, or to authorize, knowingly permit, participate in, or acquiesce in the use of applications or client case records or the information contained therein for any purpose not directly connected with the administration of the programs of the department. [LA R.S.46:56 \(I\)](#) states any person who violates any of the provisions of the confidentiality standard of the DCFS shall be fined no more than \$2,500 or imprisoned for not more than two years in the parish jail, or both, nor less than \$500 or ninety (90) days on each count.

Federal law and regulation ([42 USC§ 290dd-2 and 42 CFR. Parts 2](#)) require strict confidentiality of alcohol and drug abuse patient records about persons receiving alcohol and drug treatment. The law permits the sharing of information under limited circumstances, including when a written consent that meets the requirements of [42 CFR§2.31](#) of the client is obtained, or with a court order based on "good cause" or the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Under [42 U.S.C. 290ee-3\(f\)](#) and [42 U.S.C. 290 dd-3\(f\)](#), any person who violates any provision of those statutes or these regulations shall be fined not more than \$500 in the case of a first offense, and not more than \$5000 in the case of each subsequent offense.

Federal penalties may be imposed in addition to the state penalties. Any person who knowingly discloses individually identifiable health information in violation of the HIPAA Privacy Rule shall be subject to punishment pursuant to the HIPPA statute [42 U.S.C. 1320d-6](#) as follows:

- 1) A fine of not more than \$50,000 or imprisonment for not more than 1 year or both;
- 2) If the violation is committed under false pretenses, a fine of not more than \$100,000 or imprisonment for not more than 5 years or both; and
- 3) If the violation is committed with intent to sell, transfer or use individually identifiable health information for commercial advantage, personal gain or malicious harm, a fine of not more than \$250,000 or imprisonment for not more than 10 years or both.

In addition to these criminal penalties, disciplinary action including dismissal from employment may result.

I understand that information from any and all computer systems and/or agency files will not be obtained for purposes other than official business; will not be shared except in the official performance of agency duties; and that confidential data such as computer printouts and agency forms will not be removed from the workplace without official authorizations and will be kept out of the view and reach of unauthorized personnel at all times.



I have reviewed and understand [DCFS Policy 5-3 DCFS, Computer Security Policy](#) regarding the use of DCFS' electronic mail system, I am aware that violations of this policy may subject me to disciplinary action, up to and including discharge from employment. I am aware that DCFS has the right to review, audit, access, and/or disclose any information contained on its email systems, with or without employee notice. I am aware that use of a password does not restrict the DCFS' right to access electronic mail communications.

I understand that all of my activities as an employee of this agency shall be for the sole purpose of serving applicants/clients/ recipients of this agency and cannot be used for any other purpose. This includes obtaining, using, or changing information from agency files or information from other agencies or the use of any information for personal gain. I agree to maintain confidential information and not reveal it to clients, colleagues or others with whom I interact without procuring the necessary releases or authorizations. I also agree to utilize the information disclosed to me solely for the purpose of providing and enhancing services to individuals and families, to avoid duplication or conflicting service delivery and to promote effective and efficient delivery of services within the community.

**By signing this form in the space below, I affirm that I have read, understand, and will abide by this agreement.**

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Employee's Name (Print)

Personnel Number

Section

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Employee's Signature

Employee's Title

Date