



Policy Number: P04.05  
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**TO:**

All Deputies, Division and Branch Chiefs, Staff Officers, District Health Officers, and Administrators of Attached Agencies

**FROM:**

Director of Health

**SUBJECT:**

Confidentiality Acknowledgment

**SCOPE:**

DOH Workforce Members

**PURPOSE:**

To secure a commitment by each workforce member so that they will appropriately safeguard and keep secure confidential information, and abide by this policy and procedures.

**DEFINITION:**

**DOH Workforce Member**– employees, volunteers, trainees, and other persons whose conduct, in the performance of work for DOH, its offices, programs or facilities, are under the direct control of the DOH, whether or not they are paid by DOH [45 CFR §160.103].

- Examples of different types of DOH employees:
  1. Permanent civil service
  2. Temporary civil service
  3. Temporary Appointment Outside of List (TAOL)
  4. 89-day hire
  5. Exempt
  6. Light Duty Placement
  7. Duty assignments at DOH
  8. All contract/agency workers who are under direct control of the DOH
  9. Students

## **POLICY:**

### **I. DOH Confidentiality Acknowledgment**

#### **A. Current DOH Workforce Members**

1. Each DOH workforce member shall be required to read, sign and abide by all elements contained in the DOH "Confidentiality and Access Acknowledgment Regarding Access/Use/Disclosure of Confidential Information Form" (Confidentiality Acknowledgment).
2. Each DOH workforce member shall be required to sign the Confidentiality Acknowledgment Form within 60 days after this Policy becomes effective.

#### **B. New DOH Workforce Members**

1. All new DOH workforce members shall be required to read, sign and abide by all elements contained in the DOH "Confidentiality and Access Acknowledgment Regarding Access/Use/Disclosure of Confidential Information Form" (Confidentiality Acknowledgment).
2. New DOH workforce members are required to sign the Confidentiality Acknowledgment Form within seven (7) days after members' initial start date.

### **II. Records and Monitoring of DOH Workforce Members**

#### **A. Current DOH Workforce Members**

1. Each DOH program shall be responsible for ensuring all current workforce members sign the Confidentiality Acknowledgment Form within 60 days of the effective date of this Policy.
2. All signed Confidentiality Acknowledgment forms shall be kept in each workforce member's official personnel file.
  - a. Each DOH program shall ensure workforce members' signed Confidentiality Acknowledgment Forms are submitted to the appropriate office (II.B.1) for recordkeeping.

#### **B. New DOH Workforce Members**

1. The Departmental Human Resources Office, Hawaii State Hospital Personnel Office, District Health Offices, Child and Adolescent Mental Health Division (CAMHD) Personnel Office including CAMHD neighbor island offices and Adult Mental Health Division (AMHD) Personnel Office including AMHD neighbor island offices shall be responsible for ensuring all new workforce members sign the Confidentiality Acknowledgment forms within seven (7) days of his or her initial start date.
2. All signed Confidentiality Acknowledgment Forms shall be kept in each workforce member's official personnel file.

C. DOH Workforce Members Without An Official DOH Personnel File

1. If DOH does not maintain an official personnel file for specific types of workforce members (e.g. volunteers, agency/contract workers, students), the corresponding DOH program shall ensure these members sign a Confidentiality Acknowledgment Form and it maintains the forms for recordkeeping.
2. Signed Confidentiality Acknowledgment Forms shall be maintained for the length of time DOH workforce member works for DOH.

**III. Refusal to Sign Confidentiality Acknowledgment Form**

- A. Refusal to sign the Confidentiality Acknowledgment Form by a current or new workforce members shall be documented in his/her official personnel file and further actions may be pursued.
- B. If DOH does not maintain an official personnel file for specific types of workforce members (e.g. volunteers), the corresponding DOH program shall document (and maintain) the refusal to sign the Confidentiality Acknowledgment Form by a current or new workforce member and further actions may be pursued.
- C. Each situation shall be evaluated on a case by case basis.

**IV. Violation of the Terms of the Confidentiality Acknowledgment Form**

- A. Refer to Workforce Sanctions Policy P04.06.

**ATTACHMENTS:**

DOH "Confidentiality and Access Acknowledgment Regarding Access/Use/Disclosure of Confidential Information" (Confidentiality Acknowledgment)

**REFERENCES:**

45 CFR §160.103

45 CFR §164.530(e)

**RELATED POLICIES:**

DOH Policy P04.06 – Workforce Sanctions

**APPROVED BY:** \_\_\_\_\_

  
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