

# **STATE OF MONTANA**

## **PROTECTED HEALTH INFORMATION**

### **A. INTRODUCTION**

I understand that as an employee of the State of Montana, I may have access to several categories of confidential data and information. This data and information may be generated by me or provided to me by others regarding individuals and entities in either oral and written form through a variety of communication mediums, including during in-person or telephonic conversations, by electronic or paper documentation, or by other means during interactions with others from within the State, from other agencies, or with individuals or entities outside of state government. I understand the importance of maintaining the confidentiality of this data and information to protect the privacy rights of individuals and entities, including employees and the general public, and to protect the State and me from possible liability, penalties, and criminal charges for unlawful disclosure. Because of these responsibilities, I understand the need for reading and understanding this Acknowledgement.

### **B. PROTECTED HEALTH INFORMATION**

I understand the following:

1. I may have access to Protected Health Information (PHI) as defined in footnote 3 below.
2. Maintaining confidentiality of PHI is my legal obligation to State of Montana employees, retirees, and their dependents covered under the State health plan, to the Montana citizens who are covered under a public assistance program, and to the individuals whose PHI is stored in the State's data warehouse.
3. I shall consider as confidential any and all PHI, oral or written, pertaining to individuals, family members/domestic partners, and employees.
4. I am responsible as a State of Montana employee for maintaining confidentiality of PHI outside of the professional boundaries of this job.
5. I shall use and disclose the minimum necessary amount of PHI to perform my job duties.
6. Uses or disclosures of PHI that are outside of those allowed by the State's policies must be made known immediately to my supervisor.
7. Unintentional failure to comply with the privacy policies of the State or the law regarding PHI may result in sanctions including civil penalties and disciplinary action up to and including termination.
8. Intentional failure to comply with the privacy policies of the State or the law regarding PHI may result in civil penalties and criminal prosecution.
9. If exposure to PHI is expected through my employment position with the State of Montana, I have received training about and understand the policies and procedures for using, disclosing, and safeguarding PHI and the consequences of unauthorized uses or disclosures of PHI.

3 **PHI** - Individually identifiable health information that is transmitted by electronic media, maintained in electronic media, or maintained or transmitted in any form or medium including, without limitation, all information (including demographic, medical, and financial information), data, documentation, and materials that are created or received by the State's health plan, public assistance programs or data warehouse or a Business Associate from or on behalf of the State's health plan or public assistance programs in connection with the performance of services and relates to:

- a) The past, present or future physical or mental health or condition of an individual;
- b) The provision of health care to an individual; or
- c) The past, present or future payment for the provision of health care to an individual;

and that identifies or could reasonably be used to identify an individual and shall otherwise have the meaning given to such term under the HIPAA Privacy Rule. PHI does not include health information that has been de-identified in accordance with the standards for de-identification provided for in the HIPAA Privacy Rule. PHI does not include employment records held by the State in its role as employer.