

# Arizona Human Rights Committee for the Mentally Ill

## **Confidentiality Agreement**

**NAME:** (PLEASE PRINT) \_\_\_\_\_

During the period you serve on this Committee, you may have access to behavioral health, medical and personal information which is confidential and may not be used or disclosed except as permitted or required by law and in accord with the Committee's bylaws.

Improper use or disclosure of confidential information may result in your removal from the committee, and further actions as allowed or required by law. Most confidential information that you receive will be redacted, but if it is necessary to review unredacted information in carrying out the Committee's official business, that review must be conducted in executive session, in accordance with the Committee's bylaws and open meeting laws.

By initialing each section and signing this Confidentiality Agreement, you acknowledge and agree that:

I will only access confidential information only to the minimum extent necessary to conduct legitimate Committee duties \_\_\_\_\_.

I understand that behavioral health, medical and personal information, from any source and in any form, including but not limited to, paper records, oral communications, audio recordings and electronic records, is confidential and access to this information is limited by federal and state laws to legitimate Committee business \_\_\_\_\_.

I will respect and preserve the privacy, confidentiality and security of confidential information and will not to disclose the information to any person in any manner which is inconsistent with applicable state and federal laws and the Committee's bylaws \_\_\_\_\_.

I understand that confidential information in my control must be maintained and protected from inappropriate disclosure at all times. This includes, but is not limited to, the following: Hard copy information when not in use must not be accessible to others and must be stored in a locked storage area. Computer files must be password protected and closed when not in use. Electronic information must be transmitted only through secure means. Only removable media that encrypts stored data will be used. Confidential information that is no longer needed must be shredded or properly disposed \_\_\_\_\_.

I understand that confidential information cannot be released to or discussed with anyone other than authorized persons \_\_\_\_\_.

When confidential information is no longer needed, I will dispose of it in an appropriate manner to prevent the inappropriate access to that information \_\_\_\_\_.

I understand that Arizona State Law prohibits me from using confidential information for personal gain \_\_\_\_\_.

I understand that it is my responsibility to immediately notify the Committee Chair, who will immediately notify ADHS, of any observed or suspected breach of these confidentiality agreements by me or any other Committee member \_\_\_\_\_.

My confidentiality obligation will continue indefinitely, including at all times during and after my tenure on the Committee \_\_\_\_\_.

I have read and understand this confidentiality agreement, have had my questions fully addressed and have made a copy for my permanent personal records.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**HRC (e.g., State Hospital)**