

**Boston Public Health Commission**  
**Pledge of Confidentiality for Employees, Contract Employees,**  
**Interns or Volunteers**  
**Form A**

I, the undersigned, understand that in the course of my employment by the Boston Public Health (“BPHC”) I may have access to confidential health information. The term “confidential health information” as used in this pledge of confidentiality shall have the same meaning as in BPHC Privacy Policy. It includes, for example, such information as clinical diagnoses, health status, receipt of services, demographic data, or any other personal characteristics that have been collected as part of a service program, surveillance, research project, or other BPHC endeavor. This information may be contained in paper forms, computerized databases or other media.

I understand access to this confidential health information is provided for the sole purpose of carrying out my assigned duties on behalf of BPHC. I understand that the confidentiality of this information is protected from unauthorized use or disclosure under state and federal law and that its use for treatment, research or other purposes is limited by law and BPHC policy and practices.

I recognize that the unauthorized use, disclosure, or discussion of any confidential health information may cause serious damage to individuals, programs, and BPHC. Such unauthorized use is inconsistent with my assigned responsibilities may be a violation of the BPHC Privacy Policy, state and/or federal law. I understand that unauthorized use, disclosure or discussion, may be sufficient cause for disciplinary action, including termination of my employment or contract, and I may be subject to civil or criminal sanctions.

In order to protect confidential health information from unauthorized use or disclosure and to preserve the integrity of the data systems to which I have access, I acknowledge and agree that:

**Initial below:**

1. \_\_\_\_\_ I have read the BPHC’s Privacy Policy regarding client confidential health information and agree to abide by the terms and conditions of the policy. In addition, I agree to abide by any other BPHC and Commonwealth of Massachusetts policies related to the protection of confidential health information.
  
2. \_\_\_\_\_ I will protect the confidentiality of all confidential health information to which I have access, neither divulging such information without appropriate consent or authorization nor seeking to obtain access to confidential health information to which I am not entitled.

3. \_\_\_\_\_ I will not remove any confidential health information from BPHC building in which it is stored, unless authorized to do so. I will not attempt to transmit confidential data electronically, except in accordance with approved BPHC Privacy Policy.
4. \_\_\_\_\_ Any passwords and/or identification codes assigned to me for access to computers are intended for BPHC related use only. I understand that I will be accountable for all data, reports, and other activities performed under my assigned passwords and identification codes. I will not disclose my passwords/ID codes to others and will be responsible for assuring that any staff I supervise are assigned their own passwords/codes.
5. \_\_\_\_\_ I will report to my supervisor any misuse of confidential health information and any facts that lead me to suspect that my computer has been tampered with or my passwords have been compromised.
6. \_\_\_\_\_ I will keep all confidential health information, including both paper copies and computer diskettes, in locked files when I leave my work area unattended. I will protect computer files by logging off when leaving work. I will not receive visitors at a workstation where there may be confidential health information without first taking appropriate precautions for its protection.
7. \_\_\_\_\_ I will not discuss confidential health information except in the performance of job-related duties and I will not allow such conversations to occur in public spaces including but not limited to elevators, hallways, lavatories, or lunch rooms, where they may be overheard.
8. \_\_\_\_\_ All data and reports I generate are the property of BPHC and I will only release reports and other information (both confidential and non-confidential) in accordance with established policies.
9. \_\_\_\_\_ I understand that infringement of these rules will be documented and may result in disciplinary or other legal action.
10. \_\_\_\_\_ I understand that I may not divulge or share confidential health information learned during the course of my employment if my role with BPHC changes, or after my employment or contract ends.

\_\_\_\_\_  
**Employee/Contractor/Intern Signature**

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

\_\_\_\_\_  
**Employee/Contractor/Intern Name (printed or typed)**