

COUNTY OF EL DORADO

HEALTH & HUMAN SERVICES

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Director

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AGENCY DIVISIONS

Administration & Finance
Behavioral Health
Community Services
Protective Services
Public Health
Self-Sufficiency

Privacy and Security Training

Training Completion Certification and Compliance Agreement FY 25/26

All Behavioral Health – Substance Use Disorder Services (BHSUDS) workforce members staff who assist in the performance of contracted activities or access or disclose Protected Health Information (PHI), Personally Identifiable Information (PII) or Personal Information (PI) must complete Information Privacy and Security Training, upon hire and at least annually.

I, _____, have completed the County of El Dorado Health and Human Services Agency (HHS) BHSUDS Privacy and Security Training as required. While performing my official duties, I may have access to protected health information and personally identifiable information. I understand that:

- PHI, PII and PI is individually identifiable personal and health information that is created, received, transmitted, maintained, or used within the County and Contract Provider Network.
- PHI, PII and PI is not available to the public.
- Special precautions are necessary to protect this type of information from unlawful or unauthorized access, use, modification, disclosure, or destruction.

I agree to:

- Access, use, or modify PHI, PII and PI only for the purposes of performing my official duties.
- Never access or use PHI, PII and PI out of curiosity or for personal interest or advantage.
- Never show, discuss, or disclose PHI, PII and PI to or with anyone who does not have the legal authority to receive the information.
- Never retaliate, coerce, threaten, intimidate, or discriminate against or take other retaliatory actions against individuals or others who file complaints or participate in investigations or compliance reviews with regard to PHI, PII and PI.
- Never remove PHI, PII and PI from the work area without authorization.
- Treat passwords as confidential information.
- Exercise due care to preserve the integrity and confidentiality of electronic protected health information.

Vision Statement:
Transforming Lives and Improving Futures

- Dispose of PHI, PII and PI by utilizing an approved method of destruction, which includes shredding. I will not dispose of such information in open waste baskets or recycle bins.
- Notify my supervisor, the Privacy/Compliance Officer, and/or the Information Security Officer, as applicable, of a possible violation.

I agree to comply with the terms and requirements provided in the training, including protecting and safeguarding the privacy and security of PHI, PII and PI. I understand penalties for violating any of the above limitations may include disciplinary action, and civil or criminal prosecution.

Date Training Completed: _____

Signature

Provider Facility Name

Print Name

Date Signed

Please return signed form to: sudsqualityassurance@edcgov.us