



EL DORADO COUNTY HEALTH AND HUMAN SERVICES CONFIDENTIALITY STATEMENT

FY 26/27

Federal and State Laws and Regulations governing the administration of Health and Human Services programs contain specific confidentiality requirements. It is imperative that Department employees hold in confidence client information and related data under the terms of those requirements.

I understand that, in connection with my employment with the El Dorado County Health and Human Services Agency (HHSA), I may have access to confidential information. I understand that the confidentiality of this information is protected by law and that any breach of confidentiality is a misdemeanor punishable by up to six months in jail, or by a fine, or both.

I understand that if one of my relatives, or I myself, has had a case or record with HHSA which I feel should be kept confidential, I will notify my supervisor so that access to that case information will be restricted to only certain persons working within the department.

I have read and I understand the following directives related to confidentiality:

Health and Human Services Agency Privacy and Confidentiality of Client Information Policy

I hereby agree to abide by the above directives and to consult with my supervisor on any questions I may have regarding confidentiality. In signing this document, I confirm knowledge of the confidentiality requirements and agree to keep confidential all client information and related data as required by law. I have received a copy of this statement.

Employee signature

Date

Employee Name (Print Clearly please)

Agency

**Please return signed form to:
sudsqualityassurance@edcgov.us**