

## PROCEDURE MANUAL

### Employee/ Volunteer Attestation regarding Confidentiality

---

#### **The Sharing Community, Inc. - Attestation Regarding Confidential Client Information including, but not limited to HIV related information.**

Designated employees of The Sharing Community are authorized to access personal health related information of clients only when reasonably necessary to the provision of client services.

Employees authorized by supervisors to access personal health related information shall not:

- Examine documents or computer data containing personal health related information unless required in the course of official duties and responsibilities;
- Remove or copy such documents or computer data unless acting within the scope of assigned duties;
- Discuss the content of such document or computer data with any person unless that person has authorized access; or
- Discriminate, abuse or take adverse action directed towards a person to whom personal health related information applies.

I have read the above and understand my responsibilities in maintaining the confidentiality of this information, in accordance with pertinent laws and regulation, including articles 27-F of the New York State Public Health Law relating to the confidentiality of HIV/AIDS related information.

I understand that violation of confidentiality statutes or rules will lead to disciplinary action, including suspension or dismissal from employment, volunteer service or criminal prosecution.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_