

Mid-Ohio Psychological Services, Inc.

Confidentiality/Security Agreement

Confidentiality is a vital component of providing quality outpatient therapeutic services. Clients expect an assurance that what they discuss privately will be held in the strictest confidence. The assurance, once conveyed, is often a prelude to the development of trust, which is essential in the therapeutic setting. In order to ensure that confidentiality is maintained, its importance will be emphatically conveyed to every employee, volunteer, student and client of Mid-Ohio Psychological Services, Inc. If violations of confidentiality are noted, appropriate administrative action shall be considered. In the case of a client who is a member of a therapy group, his/her expulsion from the group is an option open to the group leaders and members. Confidentiality shall be maintained in accordance with Federal Regulation 42 CFR Part II.

Mid-Ohio Psychological Services operates under a set of principles, which protects patient information and privacy, while allowing its staff access to the information they need to successfully do their jobs. Confidentiality and security is everyone's responsibility. Read each item carefully and ask questions if you need clarification.

Overall Confidentiality:

1. I will treat all clients, staff and business information acquired during the course of my work as strictly confidential (only to be discussed in private with appropriate individuals who need to know), whether on duty or off.
2. I will not release or disclose confidential information, unless my job requires it, and then, only in accordance with Mid-Ohio Psychological Services' policies and procedures. I will refer all other requests to the Client Rights Officer, File Clerk or other appropriate staff.
3. I will access confidential information only on clients whose information I need in order to do my job, and understand that retrieving/viewing/printing information (computerized or paper), on other clients such as friends, relatives, neighbors, celebrities or co-workers is a breach of confidentiality and can result in immediate termination and legal action.
4. I understand that access to information is a privilege, and at no time am I authorized to use any information system for other than its intended use or for my own personal gains, or the gains of another.
5. I will appropriately dispose of confidential information and reports. I will never discard confidential or client identifying information in the regular trash (unless it has been shredded).

Computer System Security:

1. I will use only my password/logon name when accessing the computer system. I understand that identifying information concerning me as a computer user may be attached to records. I am legally responsible for the accuracy of the information I input into the system, as well as the paper record.
2. I will not allow anyone to access a system using my password; I will keep my password(s) in confidence and will not disclose the password(s) to anyone (other than the MIS manager) for any reason.
3. I will not attempt to use a password(s) other than my own, nor will I attempt to gain access to any unauthorized system.
4. If I have any reason to believe that the confidentiality of the computer system has been broken, I will notify my immediate supervisor and the Executive Director immediately.
5. I will not misuse or attempt to alter the computer system in any way. Only approved and officially licensed software may be added to the computer system.
6. I understand that a violation of computer security is considered a violation of the agency policies and procedures rules on confidential information, and is subject to disciplinary action, including immediate discharge and/or legal action.
7. I understand that it is a violation of client's rights and agency policies and procedures to download data onto a diskette or any other medium from the information system and take it out of the facility.

It is against Federal Regulation 42 CFR Part II to release any information regarding clients without their written permission to do so. I further understand that any breach of the above policy will terminate my association with Mid-Ohio Counseling Center, Inc. and Mid-Ohio Psychological Services, Inc.

Signature

Date