



**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
CIO BUREAU/Systems & Operations**

CONFIDENTIALITY OATH

The intent of this Confidentiality Form is to ensure that all County, Contractor, Pharmacy, Non-Governmental Agency (NGA), and Fee-For-Service (FFS) Network Providers employees are aware of their responsibilities and accountability to protect the confidentiality of clients' sensitive information viewed, maintained and/or accessed by the IS/PATS/MEDS/STAR on-line systems.

Further, the Department's Medi-Cal and MEDS access policy has been established in accordance with Federal and State laws governing confidentiality.

Welfare and Institutions (W&I) Code, Section 14100.2, cites the information to be regarded confidential. This information includes applicant/beneficiary names, addresses, services provided, social and economic conditions or circumstances, agency evaluation of personal information, and medical data. (See also 22 California Code of Regulations (C.C.R.), Sections 50111 and 51009.)

The Medi-Cal Eligibility Manual, Section 2-H, titled "Confidentiality of Medi-Cal Case Records," referring to Section 14100.2, a, b, f, and h, W&I Code, provides in part that:

- “(a) All types of information, whether written or oral, concerning a person, made or kept by any public office or agency in connection with the administration of any provision of this chapter...shall be confidential, and shall not be open to examination other than for purposes directly connected with administration of the Medi-Cal program.”
- “(b) Except as provided in this section and to the extent permitted by Federal Law or regulation, all information about applicants and recipients as provided for in subdivision (a) to be safeguarded includes, but is not limited to, names and addresses, medical services provided, social and economic conditions or circumstances, agency evaluation or personal information, and medical data, including diagnosis and past history of disease or disability.”
- “(f) Requires agents of the State to abide by rules and regulations governing the custody, use and preservation of all records pertaining to administration of the Medi-Cal Program.”
- “(h) States “any person who knowingly releases or possesses confidential information concerning persons who have applied for or who have been granted any form of Medi-Cal benefits...for which State or Federal funds are made available in violation of this section is guilty of a misdemeanor.”

Please read the agreement and take due time to consider it prior to signing.

I understand County, Contractor, Pharmacy, NGA, and FFS employees are prohibited from sharing their unique Logon I.D. and password with co-worker or other agencies.

Further, I understand County, Contractor, Pharmacy, NGA, and FFS employees are prohibited from obtaining, releasing, or using confidential client information from case records or computer records for purposes not specifically related to the administration of services and authorized by the state Welfare and Institutions Code (Section 14100.2).

Further, I understand violation of confidentiality of records or of these policies which are made for protection of confidentiality, may cause:

1. A civil action under the provision of the Welfare and Institutions Code Section 5330 or of Chapter 3 (commencing with Section 4330) of Part 1 of Division 4, for the greater of the following amount:
 - 1.) Ten thousand Dollars (\$10,000)
 - 2.) Three times the amount of actual damages, if any sustained by the plaintiff.
2. Disciplinary action including **suspension or termination of employment.**

Further, I understand that the County will not provide legal protection if violations of these policies or procedures occur.

I hereby certify that I have read this form and the Department of Mental Health Policy on Security and Integrity of Management Information System Data. I have knowledge of the requirements of state and federal confidentiality laws and will comply with its provisions.

I, the undersigned, hereby agree not to divulge any information or records concerning any client/patient without proper authorization in accordance with California Welfare and Institutions Code, Section 5328, et seq.

User's Name: _____
Print Signature

Employee #: _____ Phone #:() _____ Ext. _____

Pharmacy, FFS, NGA Legal Entity No. or
Provider #: _____ Provider Name: _____

Address: _____ / _____ / _____
City Zip

Service Area: _____ Date: _____

<p>CIOB USE ONLY</p> <p>Approved By: _____ Date: _____</p> <p>MEDS COORDINATOR</p>
