



**Employee Attestation - Handling Personal Health-Related Information**

**INSTRUCTIONS:** Please read the following information, and complete this form. The Human Resources Management Department will keep this for inclusion in your personal history file. Employees of Roswell Park Cancer Institute may be authorized to access personal health-related information only when necessary to perform their specific job duties and responsibilities.

- Employees authorized by supervisors to access personal health-related information shall:**
- Dispose of confidential health information in destruction bins or according to department policy, not in regular waste baskets or trash bins;
  - Not share computer passwords with others including other employees;
  - Not examine documents or computer data containing personal health-related information unless required in the course of official duties and responsibilities;
  - Not remove from the unit or copy such documents or computer data unless acting within the scope of assigned duties;
  - Not discuss the content of such documents or computer data with any person unless that person has authorized access; and
  - Not discriminate, abuse or direct any adverse action toward a person to whom personal health-related information applies.

I have read and agree to comply with the above rules and the Roswell Park Policy and Procedure on Confidentiality of Health Related Information, as well as the Roswell Park Policy and Procedures on Email Use. Specifically, I understand my responsibilities in maintaining the confidentiality of personal health-related information.

I will also review and comply with my area’s protocols for handling personal health-related information. I understand that the Policy and Procedure and the area protocols are based on:

- Public Health Law 27F;
- NYSDOH Regulation Part 50-4: Intra-agency Access to the Disclosure of Personal Health-Related Information;
- Public Officers Law, Article 6A;
- Federal HIPAA Privacy Regulations;

and specific regulations which prescribe the responsibilities for dealing with personal health-related information by a given area. I understand that violation of confidentiality statutes, rules or policies and procedures may lead to disciplinary action and/or criminal prosecution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)