

Nancy McGraw, MPH, MBA, LCSW
Public Health Director

Wendy Brown, MS, RN
Deputy Public Health Director

Karen Holden, BSN, LNC, RN
Director of Patient Services
Epidemiology Supervisor



Sullivan County Public Health Services
Gladys Olmsted Building
PO Box 590, 50 Community Lane
Liberty, NY 12754
Phone: (845) 292-5910
Fax #: (845) 513-2276

CONFIDENTIALITY STATEMENT

Sullivan County is legally responsible to ensure the confidentiality of all information obtained from clients applying or receiving services or care. Any and all information obtained in the course of employment is confidential. As such this information is never discussed in informal or social situations, outside the department, within any public area, or with staff members that do not need to know the information as part of their job responsibilities.

Any information that individually identifies or has the potential to identify an individual or their protected health information, whether handwritten; verbal; in a health record or not; on film, on videotape, slide, sound recording, disc, tape, or stored on any other medium; stored or in computer readable form, is considered confidential.

Only employees and volunteers working directly with an individual or family in their department role, the employees designated by the department head as having the need to know, or staff specifically designated in interdivisional access agreements, are authorized access to information or personal data regarding a client.

I have been oriented to the County policies and departmental specific procedures regarding privacy & security practices.

I agree to comply with the County's policies and procedures and department specific policies and procedures that pertain to protecting individually identifiable and protected health information and maintaining confidentiality.

I understand that violation of the County's Privacy or Security Practices may result in removal as a volunteer on behalf of the County. This may include dismissal, civil liability or criminal action against the employee or volunteer. I understand that any questions or concerns relating to the release of information obtained during employment are to be directed to my assigned supervisor.

Signature: _____

Date: _____

Witness: _____