

OATH OF CONFIDENTIALITY



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

OATH OF CONFIDENTIALITY

Pursuant to Section 5328 of the Welfare and Institutional Code, I agree not to divulge to any unauthorized persons any information obtained in the course of my employment, quasi-employment (volunteer work), or internship within Alameda County Health Care Services system, I agree...

-Not to divulge to any unauthorized person any client related information obtained in the course of my employment, quasi-employment or internship

-To obtain only that information about HCSA clients for which I have a service related need to know

-To comply with all provisions of Section 5328 of the Welfare and Institutional Code

I understand that unauthorized release of confidential information may make me subject to a civil action under provisions of the Welfare and Institutional Code.

My supervisor has provided me with a copy of Section 5328 and has oriented me regarding its application to my work.

Signature_____

Date_____

Complete Address_____

Supervisor's Signature_____

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PROCEDURES:

1. Initially, all current employees will be asked to sign the Oath.
2. Then, all new employees will be asked to sign the Oath at the point of PSP training at the time when a password is assigned.
3. Two copies will be kept one at Behavioral Health Data Processing and one in the employee's personnel file.