



## AIDS Drug Assistance Program New Enrollment Worker Training Request

This form must be completed by individuals presently working at a certified AIDS Drug Assistance Program (ADAP) enrollment site and requesting training to be a certified ADAP enrollment worker. To become a certified ADAP enrollment worker you must take new enrollment worker training, which consists of policy trainings for both ADAP and the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP), in addition to training on how to navigate the ADAP Enrollment System (AES). Please note that individuals requesting training will not be able to access the AES or view ADAP data until they have completed both new enrollment worker policy trainings for ADAP and the PrEP-AP, the AES training, enrollment system self-paced eLearning, and submitted a completed Oath of Confidentiality Form to ADAP. In addition, to receive credit for the training, individuals must be present the entire training.

Please submit a completed copy of the New Enrollment Worker Training Request Form and Oath of Confidentiality to [ADAP.Training@cdph.ca.gov](mailto:ADAP.Training@cdph.ca.gov) a minimum of 7 days prior to the training date. Please make sure to complete all sections of the form. Incomplete Training Request will be returned and may effect timely registration.

Please select **one** of the training sessions by checking the appropriate box below:

<b>August Training</b> <input type="checkbox"/>	<b>February Training</b> <input type="checkbox"/>
Wednesday, August 14, 2019 9:00 am – 12:00 pm (ADAP)	Wednesday, February 12, 2020 9:00 am – 12:00 pm (ADAP)
Thursday, August 15, 2019 9:00 am – 12:00 pm (PrEP-AP)	Thursday, February 13, 2020 9:00 am – 12:00 pm (PrEP-AP)
<b>October Training</b> <input type="checkbox"/>	<b>April Training</b> <input type="checkbox"/>
Wednesday, October 9, 2019 9:00 am – 12:00 pm (ADAP)	Wednesday, April 8, 2020 9:00 am – 12:00 pm (ADAP)
Thursday, October 10, 2019 9:00 am – 12:00 pm (PrEP-AP)	Thursday, April 09, 2020 9:00 am – 12:00 pm (PrEP-AP)
<b>December Training</b> <input type="checkbox"/>	<b>June Training</b> <input type="checkbox"/>
Wednesday, December 11, 2019 9:00 am – 12:00 pm (ADAP)	Wednesday, June 10, 2020 9:00 am – 12:00 pm (ADAP)
Thursday, December 12, 2019 9:00 am – 12:00 pm (PrEP-AP)	Thursday, June 11, 2020 9:00 am – 12:00 pm (PrEP-AP)

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

\_\_\_\_\_  
(Month and Day of Birth (MM/DD))

\_\_\_\_\_  
(Enrollment Worker Telephone Number)

\_\_\_\_\_  
(Enrollment Site Fax Number)

\_\_\_\_\_  
(Enrollment Worker Email) (Enrollment Site Name)

\_\_\_\_\_  
(Enrollment Site Address) (Site Number)

Are you working at more than one site? Yes No  
If yes, please list the enrollment site number(s): \_\_\_\_\_

\_\_\_\_\_  
(Enrollment Worker Signature) (Date)

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**Authorized ADAP Enrollment Site Supervisor Signature:**

\_\_\_\_\_  
Enrollment Site Name/Number Site Contact/Supervisor Name

\_\_\_\_\_  
Site Contact/Supervisor Telephone Number Site Contact/Supervisor Signature



## **Agreement by Employee/Contractor To Comply with Confidentiality Requirements**

### **Summary of Statutes Pertaining to Confidential Public Health Records and Penalties for Disclosure**

All HIV/AIDS case reports and any information collected or maintained in the course of surveillance-related activities that may directly or indirectly identify an individual are considered confidential public health record(s) under California Health and Safety Code (HSC), Section 121035(c) and must be handled with the utmost confidentiality. Furthermore, HSC §121025(a) prohibits the disclosure of HIV/AIDS-related public health records that contain any personally identifying information to any third party, unless authorized by law for public health purposes, or by the written consent of the individual identified in the record or his/her guardian/conservator. Except as permitted by law, any person who negligently discloses information contained in a confidential public health record to a third party is subject to a civil penalty of up to \$5,000 plus court costs, as provided in HSC §121025(e)(1). Any person who willfully or maliciously discloses the content of a public health record, except as authorized by law, is subject to a civil penalty of \$5,000-\$25,000 plus court costs as provided by HSC §121025(e)(2). Any willful, malicious, or negligent disclosure of information contained in a public health record in violation of state law that results in economic, bodily, or psychological harm to the person named in the record is a misdemeanor, punishable by imprisonment for a period of up to one year and/or a fine of up to \$25,000 plus court costs (HSC §121025(e)(3)). Any person who is guilty of a confidentiality infringement of the foregoing type may be sued by the injured party and shall be personally liable for all actual damages incurred for economic, bodily, or psychological harm as a result of the breach (HSC §121025(e)(4)). Each disclosure in violation of California law is a separate, actionable offense (HSC §121025(e)(5)).

Because an assurance of case confidentiality is the foremost concern of the California Department of Public Health, Office of AIDS (CDPH/OA), any actual or potential breach of confidentiality shall be immediately reported. In the event of any suspected breach, staff shall immediately notify the director or supervisor of the local health department's HIV/AIDS surveillance unit who in turn shall notify the CDPH/OA Surveillance Section Chief or designee. CDPH/OA, in conjunction with the local health department and the local health officer shall promptly investigate the suspected breach. Any evidence of an actual breach shall be reported to the law enforcement agency that has jurisdiction.

### **Employee Confidentiality Pledge**

I recognize that in carrying out my assigned duties, I may obtain access to private information about persons diagnosed with HIV or AIDS that was provided under an assurance of confidentiality. I understand that I am prohibited from disclosing or otherwise releasing any personally identifying information, either directly or indirectly, about any individual named in any HIV/AIDS confidential public health record. Should I be responsible for any breach of confidentiality, I understand that civil and/or criminal

penalties may be brought against me. I acknowledge that my responsibility to ensure the privacy of protected health information contained in any electronic records, paper documents, or verbal communications to which I may gain access shall not expire, even after my employment or affiliation with the Department has terminated.

By my signature, I acknowledge that I have read, understand, and agree to comply with the terms and conditions above.

\_\_\_\_\_  
(Print Enrollment Worker Name)

\_\_\_\_\_  
(Enrollment Worker Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Site Contact/Supervisor Name)

\_\_\_\_\_  
(Site Contact/Supervisor Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Employer)

PLEASE RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS