

ENROLLMENT WORKER CONFIDENTIALITY AGREEMENT INSURANCE ASSISTANCE SECTION

I, the undersigned, hereby agree not to disclose to any other party any public health records or confidential information obtained from the Department concerning a client/patient without proper authorization from the client/patient or the Department.

Release of such information may result in criminal penalties and/or civil fines in accordance with state law, including but not limited to Health and Safety (H&S) Code, Section 121025, et. seq. and federal law, the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and regulations issued or to be issued thereunder as amended.

H&S Code, Section 121025 penalties include misdemeanor, punishable by imprisonment in the county jail for a period of up to one year, or a fine of not to exceed \$25,000 or both, plus court costs.

In addition to the California penalties, HIPAA provides for civil fines up to \$1,500,000 (1.5 million dollars) and criminal penalties, including imprisonment, for obtaining and disclosing information.

Signature of Enrollment Worker

Date

Enrollment Site Name		Enrollment Worker Name		
Enrollment Site Address (Number, Street, Suite #)		City	State	Zip Code
Enrollment Site Telephone Number	Enrollment Site Fax Number	Enrollment Worker Email Address		