

**Stabilization and Crisis Unit (SACU)**

<b>DHS/SACU Summary:</b>	<b>HIPAA (Health Information Portability &amp; Accountability Act)</b> Privacy Policy Statement of Understanding
<b>SACU Policy:</b>	<b>2.010 Training, 3.005 Rights</b>

Please print your name:

I, \_\_\_\_\_ attended training and received information about The Department of Human Services (DHS) Privacy Policies as a result of the **Health Portability and Accountability Act (HIPAA)**. I understand that I must ensure the privacy of DHS' clients and participants' information obtained and held by DHS.

I agree to abide by the following DHS Privacy Policies:

- **Administrative, Technical and Physical Safeguards Policy# DHS-100-005**  
*(Establishes criteria for safeguarding information and minimizing the risk of unauthorized access, use or disclosure.)*
- **DHS Business Associate Relationships Policy# DHS-100-008**  
*(Establishes when DHS may disclose an individual's protected health information to a business associate of DHS.)*
- **Client Privacy Rights Policy# DHS-100-002**  
*(Establishes the privacy rights of Department clients to request an accounting on the use and disclosure of their information.)*
- **De-identification of Client Information and Use of Limited Data Sets Policy# DHS-100-007**  
*(Establishes standards under which client information can be used if identifying information has been removed or restricted.)*
- **Enforcement, Sanctions, Penalties for Violations of Individual Privacy Policy# DHS-100-009**  
*(Specifies enforcement, sanction, penalty, and disciplinary actions that may result from violation of DHS privacy policies.)*
- **General Privacy Policy# DHS-100-001**  
*(DHS general guidelines and expectations for the necessary collection, use, and disclosure of confidential information.)*
- **Minimum Necessary Information Policy# DHS-100-004**  
*(This policy provides guidelines for use of Minimum Necessary Information which is defined as: The least amount of information that is needed to accomplish the*

*intended purpose of the use, disclosure, or request.)*

- **Uses and Disclosures of Client or Participant Information Policy# DHS-100-003**  
*(This policy specifies the appropriate uses of information for a client participating in a DHS program or service.)*
- **Uses and Disclosures for Research Purposes and Waivers Policy# DHS-100-006**  
*(This policy specifies when DHS may use or disclose information about individuals for research purposes.)*

**DHS Policies:** <http://www.dhs.state.or.us/policy/admin/privacylist.htm>

I understand that as a condition of employment with DHS, I am required to comply with the DHS Privacy Policies listed above.

I understand that if I am aware of privacy violations, I will report such violations to the Privacy Office through the designated reporting channels.

Further, I understand that if I violate these policies, I will be disciplined up to and including dismissal from state service. I also understand there can be legal penalties for criminal violation of applicable laws.

*Employee's signature indicates that the employee and manager reviewed, discussed and understands the contents.*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Employee printed name Employee signature*

**Manager's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Signature*