

**State of Nebraska, Department of Health and Human Services (DHHS)
External Access Confidentiality Statement**

I agree that any and all DHHS information gathered in the performance of my duties, either independently or through access to any DHHS system, shall be held in the strictest confidence.

I understand that DHHS, as a covered entity under HIPAA, must make reasonable efforts to limit my access to protected health information to the minimum necessary to accomplish the intended purpose¹. I agree that information I use, disclose, or request will also be limited to the minimum necessary for the purpose of treatment, payment, or operation.

I agree that any and all information shall be released to no one other than DHHS or authorized individuals in strict compliance with any business agreements or contracts in force.

I agree to meet all applicable state and federal laws and regulations and to comply with all DHHS Security and Privacy Policies, Procedures and Standards.

I acknowledge that the Policies on Information Technology Security are available to me for review and that I have been informed and understand that it is my responsibility to become familiar with and abide by these policies.

I understand that if I wrongfully disclose the information described above, I may be subject to disciplinary action by my employer, and civil and criminal penalties.

I understand that due to security restrictions, N-FOCUS information may only be accessed over a secure wired connection. I agree not to access any N-FOCUS information over any wireless access device or service.

SECTION ONE

Employee Information

(Please clearly print all information except for signatures.)

Employee Name: _____

Employee Title/Position: _____

Employee Signature: _____ Date: _____

Work Phone _____ Work E-mail _____

Agency Name _____

Address _____ City _____ Zip Code _____

Employee Work Site (if different than above address) _____

SECTION TWO

WIC Contact Information

Local Agency Director (please print): _____

WIC Local Agency: _____

Work Phone _____ Work E-mail _____

Signature: _____