
SBHO COMPUTER SYSTEM

OATH OF CONFIDENTIALITY

I, _____, agree not to divulge, publish or
Name of person taking Oath (please print or type)
otherwise make known unauthorized persons* the confidential or protected health information obtained by my access to the agency and/or Salish Behavioral Health Organization (SBHO) computer information systems. I understand that accessing information which is not necessary to perform my job or sharing with unauthorized persons the protected health information obtained by my access may result in the termination of my employment.

Initials

I understand that an Oath is valid only if it carries my own signature and the required signature from my supervisor and qualified to administer said Oath.

Initials

I understand that information obtained from the computer information system may contain information considered confidential by state and/or federal regulations. I recognize unauthorized release of confidential information may subject me to criminal and civil liability under the provisions of state and federal law. I recognize that sharing computer Login ID and/or Passwords with an unauthorized person who then uses it to access confidential and protected health information is a violation of the Oath.

Initials

Signature of person taking Oath: _____

Date: _____

Name of Witness: _____

(Please Print or Type)

Signature of Witness: _____

Date: _____

* An authorized person is an individual who can produce a valid, signed copy of an oath of confidentiality showing that they have been approved for access to the protected health information. Any individuals who are unable to do this are considered unauthorized.