



Privacy - Statement of Understanding

I, _____, have been trained and informed about the business practice changes in the Louisiana Department of Health (LDH) as a result of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

I understand that I must ensure the privacy of LDH client and participant information obtained and held by the Louisiana Department of Health.

I have reviewed, understand, and agree to abide by the following LDH HIPAA Privacy Policies:

1. General Privacy Policy, LDH HIPAA Privacy Policy #1
2. Client and Participant Privacy Rights, LDH HIPAA Privacy Policy #2
3. Uses and Disclosures of Client or Participant Information, LDH HIPAA Privacy Policy #3
4. De-Identification of Client and Participant Information and Use of Limited Data Sets, LDH HIPAA Privacy Policy #4
5. Uses and Disclosures for External Research, Internal Research Needs and Waiver of Privacy Rights for Research, LDH HIPAA Privacy Policy #5
6. Minimum Necessary Information, LDH HIPAA Privacy Policy #6
7. Business Associate Relationships, LDH HIPAA Privacy Policy #7
8. Administrative, Technical, Physical Safeguards, LDH HIPAA Privacy Policy #8
9. Enforcement, Sanctions and Penalties for Violations of LDH HIPAA Privacy Policies, LDH HIPAA Privacy Policy #9

I understand that non-compliance will be cause for disciplinary action up to and including dismissal from LDH, and possible legal actions exist for violations of applicable regulations and laws.

I agree to promptly report all violations or suspected violations of any of the above-listed policies to the LDH's Privacy Office through the designated reporting channels.

_____ Print Employee Name	_____ Employee Signature	_____ Date
_____ Employee Personnel #	_____ Supervisor Signature	_____ Date