



Behavioral Health

Oath of Confidentiality

Pursuant to Code of Federal Regulations, Title 45, Section 164.308 and Section 164.316 and agreements with the California Department of Health Care Services, all employees of the Department of Behavioral Health (DBH) collecting, maintaining and utilizing patient data information, in the course of their duties with DBH, shall sign an Oath of Confidentiality.

I, the undersigned, will treat the identity of clients and all personal information revealed by them with confidentiality, and all information about them contained in the Department's client charts, computer files, and/or other records as confidential information unless otherwise authorized. I will not seek to learn or disclose information about any client which is not necessary for my job functions, whether or not I intended to reveal/discard the information, and I will seek to restrict access to medical record or computer-generated information about a client or a group of clients only to those employees who need the information to carry out their legitimate job functions.

Civil Action

I recognize the unauthorized release of confidential information may make me subject to civil action pursuant to state and federal laws, including, but not limited to the following:

California Welfare and Institutions Code, Section 5330

(a) Any person may bring an action against an individual who has willfully and knowingly released confidential information or records concerning him or her for the greater of the following amounts:

- (1) Ten thousand dollars (\$10,000).
- (2) Three times the amount of actual damages, if any, sustained by the plaintiff.

(b) Any person may bring an action against an individual who has negligently released confidential information or records concerning him or her for both of the following:

- (1) One thousand dollars (\$1,000). In order to recover under this paragraph, it shall not be a prerequisite that the plaintiff suffer or be threatened with actual damages.
- (2) The amount of actual damages, if any, sustained by the plaintiff.

United States (US) Code, Section 1320d-5

Violation	Minimum Penalty	Maximum Penalty
Individual did not know (and by exercising reasonable diligence would not have known) that he/she violated HIPAA	\$100 per violation, with an annual maximum of \$25,000 for repeat violations	\$50,000 per violation, with an annual maximum of \$1.5 million for repeat violations
HIPAA violation due to reasonable cause and not due to willful neglect	\$1,000 per violation, with an annual maximum of \$100,000 for repeat violations	\$50,000 per violation, with an annual maximum of \$1.5 million for repeat violations
HIPAA violation due to willful neglect but violation is corrected within the required time period	\$10,000 per violation, with an annual maximum of \$250,000 for repeat violations	\$50,000 per violation, with an annual maximum of \$1.5 million for repeat violations
HIPAA violation is due to willful neglect and is not corrected	\$50,000 per violation, with an annual maximum of \$1.5 million for repeat violations	



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Criminal Penalties

I recognize that the US Department of Justice has determined the following may be held criminally liable under the Health Insurance Portability and Accountability Act (HIPAA):

- Covered entities and specified individuals, whom "knowingly" obtain or disclose individually identifiable health information in violation of the Administrative Simplification Regulations face a fine of up to \$50,000, as well as imprisonment up to one (1) year.
- Offenses committed under false pretenses allow penalties to be increased to a \$100,000 fine, with up to five (5) years in prison.
- Offenses committed with the intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain or malicious harm permit fines of \$250,000, and imprisonment for up to ten (10) years.

As a condition of performing my duties as an employee of DBH, I hereby agree to adhere to Department client privacy standards and not disclose any information or records concerning any client/patient without proper authorization in accordance with California Welfare and Institutions Code, Section 5328 and/or Title 42 of the Code of Federal Regulations, Part 2, Section 2.33. I acknowledge the enforcement of Department policies pertaining to client privacy, which may include corrective action.

_____ Name (Please print)	_____ Position/Title	
_____ Signature	_____ Date	_____ Employee ID

cc: Employee 201 File
Employee's Direct Supervisor/Manager