

New York State Psychiatric Institute Privacy and Security Programs  
CONFIDENTIALITY STATEMENT and ATTESTATION

The protection of health and other confidential information is a right protected by law and enforced by fines, criminal penalties as well as New York State Psychiatric Institute/OMH policy.

Safeguarding confidential information is a fundamental obligation of all employees, faculty, and house staff, clinical and research staff, students and volunteers.

The completion and submission of this statement is mandatory, will commit you to that obligation, and WILL be used as proof that you understand the following basic duties and facts regarding privacy:

1. I have reviewed the HIPAA training and understand the policy and procedure changes being implemented at NYSPI.
2. I agree to protect the privacy, and security of confidential information at all times, both during and after my employment (or volunteer or student service) with NYSPI/RFMH or CU has terminated.
3. I agree to a) access confidential information to the minimum extent necessary for my assigned duties and b) disclose such information only to persons authorized to receive it.
4. I agree that I understand the following:
  - a. NYSPI tracks all user IDs used to access OMH/NYSPI electronic medical records. Those IDs enable discovery of inappropriate access to patient/participant records.
  - b. Inappropriate access and unauthorized release of protected information may result in administrative action, up to and including termination of employment, and may result in a report to authorities charged with professional licensing, enforcement of privacy laws and prosecution of criminal acts.
  - c. User IDs and passwords cannot be shared. Inappropriate use of my ID or password (whether by me or anyone else) is my responsibility and exposes me to severe consequences.

Please complete the following information (all fields below MUST be entered):

First Name:

Last Name:

Check All that Apply:        -State        -RFMH        -Columbia        -Volunteer        -Student

Department:

Phone:

E-mail Address:

If you have an email client application, such as OUTLOOK, installed on your computer you can click on the "Email Completed Form" button below. If a new email message does not pop-up on your screen, then please do the following:

- 1) Save this form to your computer using the filename – HIPAA\_ATTESTATION.pdf
- 2) Open your email application or access your email account on the web
- 3) Create a new Email with SUBJECT as "HIPAA ATTESTATION"
- 4) Attach the saved PDF file to the EMAIL - specify "New Employee HIPAA Training" in e-mail body.
- 5) Send the email to: [irvinma@nyspi.columbia.edu](mailto:irvinma@nyspi.columbia.edu) and –CC: the email to yourself (this will serve as a date-stamped copy of the completed form for your records).