

CONFIDENTIALITY STATEMENT

Participant protected health information (PHI), as defined by 45 CFR § 160.103, including participant demographic, medical and behavioral information, and any other information of a private or identifying nature, including financial information, email addresses, or other information which could be used to distinguish or trace an individual's identity, is considered confidential. Confidential information shall not be used or disclosed except as allowed by law, unless specific permission to do so has been granted by the participant or legally authorized representative. Applicable Health Information Portability and Accountability Act (HIPAA) and state laws shall be followed to seek participant permission for any use or disclosure of PHI. Examples of inappropriate disclosures include:

- Discussing or revealing confidential or identifying information to friends or family members.
- Discussing or revealing confidential or identifying information to coworkers or employees without a legitimate need to know.
- Discussing or revealing confidential or identifying information in the presence of other participants.
- Discussing or revealing confidential or identifying information in the presence of the general public.
- Disclosing a participant's engagement in Wyoming home and community-based waiver services, except to those who are authorized to have this information.

CONFIDENTIALITY AGREEMENT

I hereby acknowledge that all employees of _____ have
(Provider Name)
been trained on the provision of this confidentiality statement. The unauthorized use or disclosure of participant PHI is possible grounds for adverse actions, up to and including provider decertification, as outlined in Chapter 45, Section 30 of the Department of Health's Medicaid Rules.

Provider Name (print):

Provider Signature:

Date: _____