



LARRY HOGAN  
Governor

BOYD K. RUTHERFORD  
Lieutenant Governor

DAVID R. BRINKLEY  
Secretary

MARC L. NICOLE  
Deputy Secretary

### **CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, agree to keep all information obtained by me in the course of my duties with the Employee Benefits Division, including but not limited to, any personal information and protected health information (PHI) on employees, retirees and dependents enrolled in the State Employees Health Benefits Program, in the strictest confidence and, except as required by law, not to reveal such information to any person or discuss it with any person except the prior consent of the Employee Benefits Division, Office of Personnel Services and Benefits, Department of Budget and Management. These records are to be held in the strictest confidence and include information in any format such as printed matter, computer screens, and oral information (e.g. conversation).

All information, including protected health information, will be kept confidential in accordance with the provision of the Health Insurance Portability and Accountability (HIPAA) and the Maryland Confidentiality of Medical records Act.

By signing this agreement, I agree to abide by these confidentiality requirements.

Signature: \_\_\_\_\_

Organization Representing: **Employee Benefits Division**

Date: \_\_\_\_\_

Revised 1/23/17