

City of Kennewick Disability Board

Policy on Confidentiality and Dissemination of Member Information and Board Member Verification

Given the nature of our work, it is imperative that we maintain the confidence of member information that we receive in the course of our work. City of Kennewick Disability Board prohibits the release of any member information to anyone outside the organization unless required for purposes of payment and operations, and discussions of claims information within the organization should be limited. Acceptable uses of claims information within the organization include, but are not limited to, exchange of member claim information needed for the reimbursement of payment, Board review, internal audits, and quality assurance activities.

I understand that City of Kennewick Disability Board provides services to members that are private and confidential and that I am a crucial step in respecting the privacy rights of City of Kennewick Disability Board Members. I understand that it is necessary, in the rendering of City of Kennewick Disability services, that members provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential.

I agree that I will comply with all confidentiality policies and procedures set in place by the City of Kennewick Disability Board during my entire association with City of Kennewick Disability Board. If I, at any time, knowingly or inadvertently breach the member confidentiality policies and procedures, I agree to notify the other Disability Board Members immediately. In addition, I understand that a breach of member confidentiality may result in disciplinary action, up to and/or including termination of my position on the Board. Upon termination of my Board position or association for any reason, or at any time upon request, I agree to return any and all member confidential information in my possession. This is not a contract for continued employment.

I have read and understand all privacy policies and procedures that have been provided to me by the City of Kennewick Disability Board. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of Board position. This is not a contract of employment and does not alter the nature of the existing relationship between City of Kennewick and me.

Signature: _____

Date: _____