

Connecticut Department of Consumer Protection

CONFIDENTIALITY PLEDGE

I recognize the importance of maintaining the confidentiality of personal identifying information, criminal background information, and personal health information collected by the Connecticut Department of Consumer Protection (DCP), and of assuring the right to privacy of consumers, registrants, licensees, complainants, patients, physicians, healthcare providers, facilities, clients of facilities, and agencies, which are served or regulated by DCP or participate in DCP's information collection efforts.

I understand that DCP is legally obligated to protect the privacy of personal health information. I have been provided Connecticut General Statutes, Sections 20-578, 21a-254(j)(5), 21a-265, 21a-274, 21a-408d and Sections 21a-254-6, 21a-254-7 and 21a-408-33 of the Regulations of Connecticut State Agencies, which address confidentiality of records, and have been advised that DCP can take necessary action if a breach of confidentiality occurs.

I understand that DCP is legally obligated to protect the personal identifying information and criminal background information. I have been provided Connecticut General Statutes, Sections 1-84a, 1-210, and 20-325h which address confidentiality of records, and have been advised that DCP can take necessary action if a breach of confidentiality occurs.

Therefore, I pledge that I will NOT access or accept the identifying or personal information of consumers, registrants, licensees, complainants, patients, physicians, healthcare providers, facilities, clients of facilities, or agencies, except as needed for the proper discharge of my duties.

I also pledge that I will NOT, unless permitted by law and/or required by law, divulge such confidential information except to: (i) another DCP employee, agent or associate of DCP who is approved by the Commissioner of DCP for access to the information and has either signed a DCP confidentiality pledge or executed a contract with DCP authorizing such disclosure; or (ii) another appropriate or authorized government employee that is legally allowed to receive such information from DCP for the purposes for which it is being provided.

I understand that my adherence to this pledge applies during and after my employment at DCP.

I agree to protect all confidential information during its collection, use, storage, and destruction. My disclosure or acquisition of confidential information will be what is minimally necessary for the proper discharge of my duties (including reporting duties imposed by legislation) and based on a programmatic need to know. I further understand that if I violate this pledge I will be subject to disciplinary action, up to and including dismissal.

Individual Pledging to Maintain Confidentiality:

Name: _____
(Print)

Title: _____

Signature: _____

Date: _____