

**Confidentiality Agreement/Data Privacy Statement
for Managed Care Organizations (MCOs) entering data from the
Long Term Care Screening Document into MMIS**

Introduction

In your position as an employee or subcontractor of _____ (Name of MCO), you will be accessing information in the Minnesota Department of Human Services (DHS) Medicaid Management Information System (MMIS). Access to this information is required in order for the Managed Care Organization (MCO) you work for to fulfill contractual obligations between DHS and _____ (Name of MCO)

While you are accessing and entering data into the MMIS prior authorization subsystem for management of services, you may see or hear *protected information* about the people that DHS helps.

“Protected information” is sensitive information about people that most other people don’t know. For example, home addresses, social security numbers, health care enrollment, health care information, or personal financial information are *protected information*. If *protected information* is given out without permission, it could harm or embarrass the person that it’s about.

There are state and federal laws and regulations that require DHS to keep this protected information safe. Because you are accessing and entering data into DHS’ prior authorization subsystem of MMIS, you must also agree to safeguard any of the *protected information* that you see or hear.

Employee/Subcontractor’s Agreement to Safeguard Protected Information

1. I will not look for, use, inspect, or give out *protected information* about DHS clients.
2. If while accessing or entering data into the DHS MMIS prior authorization subsystem, I accidentally come in contact with *protected information*, I will not discuss that information with anyone, except to report it to my supervisor.
3. If my co-workers give out *protected information* when they should not, I will report this to my supervisor.
4. I understand that I could lose my job, be charged with a crime, and/or be sued if I break my pledge and give out *protected information* when I am not supposed to.

5. I know that *even after my duties accessing and entering data into DHS' MMIS prior authorization subsystem are done*, I must continue to safeguard the *protected information* that I have heard or seen.

6. I understand that I am not allowed to work on matters that could benefit me, a friend, relative, or acquaintance, either directly or indirectly. I understand that if I am asked to work on a screening document or data about myself, anyone I'm related to, or with whom I'm acquainted or have a personal relationship with, I will report that to my supervisor.

Print name of person requesting access to MMIS

Signature of person requesting access to MMIS

Date

Signature of MCO
(required if person requesting access is a subcontractor)

Date

This information is available in other forms to people with disabilities by calling DHS. For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech relay, call (877) 627-3848.