



Intern and Volunteer Agreement

In return for the opportunity to work with the Georgia Department of Public Health (DPH), serve the public, and gain experience in public health, I agree as follows:

1. I will comply with all DPH Policies and Procedures, including those privacy and security policies and procedures developed to protect the confidentiality of individual's health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). I understand that those policies and procedures are posted online on the Public Health Information Library.
2. I will follow the highest ethical standards in the performance of my work, in keeping with the DPH Ethics and Conflict of Interest Policy.
3. I will safeguard sensitive information about existing or potential public contracts, and will not share information with any person or entity that may result in an unfair advantage for any bidder for any DPH procurement.
4. I will treat all health information received in the course of my employment with DPH as confidential and protected information, and will disclose health information only as necessary and appropriate to perform my work, consistent with DPH Policies and Procedures.
5. I will not use e-mail to transmit confidential, protected, or sensitive information.
6. At the conclusion of my work with DPH, I will continue to maintain the confidentiality and privacy of any information I learned while I was a DPH employee, and I will turn over any keys, access cards, or any other device that would provide access to DPH or its information.
7. I understand that, as an intern or volunteer, there is no employment relationship between me and DPH, and that I will not receive any payment or financial benefits from DPH for my work.
8. I understand that, as an intern or volunteer participating as a volunteer in a structured volunteer program organized, controlled, and directed by DPH for the purpose of carrying out its functions, I will be protected from liability under the State Tort Claims Act so long as my conduct remains within the scope of my duties under that program.

I understand that violation of this agreement could result in the immediate discontinuation of my relationship with DPH.

Intern/Volunteer Name (Print Above)

Date

Signature of Intern/Volunteer