

WORKFORCE CONFIDENTIALITY AGREEMENT

I understand that the County (“COUNTY”), including its interns/assignees/affiliates, has a legal and ethical responsibility to maintain the privacy and confidentiality of individual information, protected health information (“PHI”), or information related to or held by County, including obligations to protect and safeguard the confidentiality and privacy of such information.

By signing this document, I understand and I agree that:

- I am familiar, or shall become familiar within a reasonable time period, with County’s policies and procedures.
- I shall maintain and safeguard the confidentiality of my personal access code(s), user identification(s), access key(s) and/or password(s) used to access computer systems or other equipment. Should I discover that the confidentiality of my access code(s), user identification(s), access key(s), and/or password(s) has been compromised, I will immediately change it as well as notify my supervisor.
- I shall not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I shall immediately consult the COUNTY policies and procedures and/or ask my supervisor for clarification.
- I shall not use or disclose, orally, in writing, electronically or otherwise, any individual information, PHI, or information related to or held by COUNTY unless such use or disclosure complies with COUNTY’S policies and procedures, the federal and State laws, and is required for the performance of my job. I understand the possible methods of unauthorized use and disclosure include, but are not limited to, unauthorized transmissions, electronic or manual removals or transfers, copies (on any medium), inquiries, modifications, or purging of information.
- I shall not discuss or reveal any individual information, PHI, or information related to or held by COUNTY in an area where unauthorized individuals may hear or see such information, even if specifics, such as an individual’s name, are not used. I understand that possible areas to keep in mind include, but are not limited to, hallways, elevators, cafeterias, public transportation, restaurants, and social events.
- I shall not make inquiries about any information for any person or party, including, but not limited to, any family member, a friend, a third party, an employee or associate of COUNTY, who does not have proper authorization to access such information.
- I shall immediately return all property, including, but not limited to, keys, documents, and ID badges to COUNTY upon termination (with or without cause) of my internship/assignment/affiliation with COUNTY.
- My obligations under this Agreement regarding individual information, PHI, or information related to or held by COUNTY shall survive or continue after the termination (with or without

cause) of my internship/assignment/affiliation with COUNTY.

- Any violation by me of this Agreement may result in disciplinary action, up to and including termination of my internship/assignment/affiliation with COUNTY and/or suspension, restriction or loss of privileges, in accordance with COUNTY’S policies, as well as potential personal civil and criminal legal liabilities.
- Any individual information, PHI, or information and records related to or held by COUNTY that I access or view at COUNTY do not belong to me.

By my signature below, I acknowledge that I have read and understand this Agreement in its entirety, and I agree to comply with all the above stated terms as a condition of my internship/assignment/affiliation with COUNTY.

Signature of Intern/Assignee/Affiliate

Date

Print Name

Title

RELEASE AND WAIVER OF CLAIMS

Background. Dallas County (“COUNTY”) has agreed to provide a setting for the undersigned eligible college student, graduate student, or recent graduate (“Intern”), to gain work experience pursuant to Dallas County’s Internship Program.

Release and Waiver of Claims. The undersigned Intern, to the fullest extent allowed by law, agrees to WAIVE, RELEASE, AND HOLD HARMLESS COUNTY, including its elected officers and employees, against any and all losses, damages, injuries (including death), causes of action, claims, demands, liabilities, judgments, suits, losses, damages, fines, assessments, penalties, adverse awards and/or other expenses, of any kind or nature whatsoever (whether based upon tort, breach of contract, failure to obtain worker's compensation insurance, or otherwise), including, without limitation, legal and related legal fees and expenses, of any kind or nature that are incurred by or sought to be imposed on County arising out of or on account of, or resulting from injury (including death), whether known or unknown, including, but not limited to, exposure to any disease, by any manner or method whatsoever, or damage to property (whether real, personal or inchoate), arising out of or in any way related (whether directly or indirectly, causally or otherwise) to the Agreement and/or the performance of, attempted performance of, or failure to perform, operation or work by Intern, or by County, its contractors, or its subcontractors, and/or any other person or entity. This INDEMNIFICATION SHALL APPLY, whether or not any such injury or damage has been brought on any theory of liability, intentional wrongdoing, strict product liability, County's negligence, or breach of non-delegable duty.

Intern's Warranty and Certification. Intern warrants and certifies by Intern’s signature below that:

- 1) Intern is over eighteen (18) years of age and fully qualified to participate in the Internship Matching Program;
- 2) Intern has adequate health coverage;
- 3) Intern understands that County is not liable for any vehicle liability and if vehicles are involved or driven, Comprehensive Automotive Liability is responsibility of the Intern;
- 4) Intern has read the full text of this document; and
- 5) This Release and Waiver of Claims shall be binding upon the Intern, Intern’s heirs, successors, assigns, administrators and executors.

[Signatures on following page.]

By my signature below, I acknowledge that I have read and understand this Agreement in its entirety, and I agree to comply with all the above stated terms as a condition of my internship/assignment/affiliation with COUNTY.

Signature of Intern

Date

Printed Name of Intern

Title

Sworn to and subscribed before me, the undersigned Notary, by the Intern on this the _____ day of _____, 202__.

Notary Public in and for the State of Texas

My Commission Expires (SEAL)