

**Email Encryption Agreement**

I understand it is my responsibility as a collaborative center partner to ensure all sensitive/confidential information regarding HS/EHS children and families is safeguarded.  As a part of this, I will ensure that all electronic communication containing sensitive/confidential information will be encrypted.  It is my responsibility to ensure all email sent to an outside individual or entity containing sensitive/confidential information is encrypted.

Examples of information that should be encrypted:

* **Privacy** – Messages subject to encryption contain the following data types: credit card numbers and expiration date, date of birth, Social Security number, driver's license number, street address, or phone number.
* **HIPAA**– Messages will be subject to encryption if they contain any information protected under HIPAA privacy regulations.

I understand that if I have any questions about whether and email should be encrypted, I will consult with my supervisor.

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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