



**Philadelphia Department of Public Health**  
1401 J.F.K. Blvd., Rm. 600  
Philadelphia, PA 19102

**CONFIDENTIALITY POLICY  
RECEIPT AND TRAINING ACKNOWLEDGMENT**

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The Philadelphia Department of Public Health (the “Department”) takes seriously the issues of privacy and data security. Accordingly, you are required to review the Department’s Confidentiality Policy and participate in a training session detailing the provisions of the Confidentiality Policy. Compliance with the Confidentiality Policy is a condition of your continued employment or other relationship with the Department.<sup>1</sup>

By signing this Confidentiality Policy Receipt and Training Acknowledgment, you are stating that you received the Department’s Confidentiality Policy, that you completed an official Confidentiality Policy training session, and that you will comply with the Confidentiality Policy.

*I, the undersigned, hereby affirm the following:*

- (1) I have received the Confidentiality Policy of the Philadelphia Department of Public Health;*
- (2) I have completed an official Confidentiality Policy training session; and*
- (3) I will comply with the Confidentiality Policy.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**Payroll #:<sup>2</sup>** \_\_\_\_\_

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<sup>1</sup> All officers and employees (including City and contracted employees) of the Department and all interns, fellows, students, and volunteers who perform work for or on behalf of the Department must comply.

<sup>2</sup> Payroll Number, if applicable.