Exhibit B

COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

PATRICK W. FINNERTY
DIRECTOR

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Authorized Workforce Confidentiality Agreement

This Agreement between _____ [Business Associate name] and _____ (please print), an employee of _____ hereby acknowledges that the Virginia Department of Medical Assistance Services' (DMAS) records and documents are subject to strict confidentiality requirements imposed by state and federal law including 42 CFR § 431 Subpart F, Virginia Code Section 2.1-377, 12 VAC 30-20-90, et. seq.

I (initial) _____ acknowledge that my supervisor, or whoever administers the data, has reviewed with me the appropriate provisions of both state and federal laws including the penalties for breaches of confidentiality.

I (initial) _____acknowledge that my supervisor or, whoever administers the data, has reviewed with me the confidentiality and security policies of our organization.

I (initial) _____acknowledge that unauthorized use, dissemination or distribution of DMAS confidential information is a crime.

I (initial)_____hereby agree that I will not use, disseminate or otherwise distribute confidential records or said documents or information either on paper or by electronic means other than in performance of the specific job roles I am authorized to perform.

I (initial) _____also agree that unauthorized use, dissemination or distribution of confidential information is grounds for immediate termination of my employment or contract with DMAS and may subject me to penalties both civil and criminal.

_____ _____

Signed Date