

**ATTACHMENT B**  
**Employee Benefits Division**  
**System Confidentiality Agreement**

**I, the undersigned, reviewed and understand the following statements:**

- All groups, employee, member, and any other protected health information (PHI) are considered confidential and should not be used for purposes other than its intended use.
- I have an ethical and legal obligation to protect confidential and PHI information used or obtained in the course of performing duties and understand that all the policies on confidentiality apply equally to data stored on the computer and on paper records.
- Authorization to disclose information is made only by managers and only on a need to know basis as part of an Employee Benefits Division (EBD) deliverable.
- Media contacts concerning any EBD software or other projects must be referred to the EBD Communications office or the Executive Director.
- Vendors and Contractors are responsible for and are held accountable for communicating EBD's confidentiality policy to their staff.
- Unauthorized use of or access to, confidential information or PHI may result in discipline up to and including termination of contracts. Violation of confidentiality or PHI may also create civil or criminal liability.

**Computer Access Confidentiality Agreement**

**I, the undersigned, acknowledge that in the course of my work at EBD or with personnel located at EBD, I will be privileged to information confidential to EBD or to an individual employee or Group. I acknowledge receipt of my User ID to the EBD Network and Systems and understand the following:**

- My User ID and password (s) (network and application systems) will be used as personal identification for purposes of data access in the same manner as my signature is used for identification.
- I will not disclose my User ID or password to anyone.
- I will never attempt to learn another person's User ID or password.
- I will not attempt to access information on the EBD network except to meet needs specific t my job/position.
- I will not divulge any knowledge that I gain, with regards to EBD computer or network security.
- If I discover any breach of confidentiality, or unauthorized access I will notify my manager, who will notify EBD immediately.
- I understand that my social security number and date of birth are required fields for system access and will be held to the highest levels of confidentiality/security per Public Law 104-191.

**Monitoring Access to Confidential Data**

Department of Finance and Administration departments, which support computer information systems, will monitor use of the systems and will report access or confidentiality violations immediately to the Technical Operations Manager, Privacy Security Officer, and to the Executive Director of EBD. All staff and employees are responsible for immediately reporting any apparent violations of this confidentiality policy to their Managers for action.

**I, the undersigned, further understand and agree that the consequences of a violation of the above statements may result in disciplinary action up to and including termination of the relationship as well as possible civil or criminal liability.**

Print Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Organization/Coop Affiliation: \_\_\_\_\_ Group #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EBD Use Only**

EBD Privacy/Security Signature: \_\_\_\_\_ Date: \_\_\_\_\_