WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
NOTICE OF NONDISCLOSURE

As an employee of _____, which is doing business with the Washington State Department of Social and Health Services (DSHS) under Contract No._____, you may be given access to DSHS records and information that are deemed private and confidential by statute.

A. CONFIDENTIALITY OF INDIVIDUALLY IDENTIFIABLE DATA

1. Individually identifiable data is confidential and is protected by various state and federal laws (e.g. RCW 42.17, 70.02 and 74.04.060).

2. Confidential data includes all personal information (e.g., name, birth date, social security number) which may, in any manner, identify the individual.

B. USE OF CONFIDENTIAL DATA

1. Confidential data may be used only for purposes directly related to the operation of the contractor's program(s).

2. Any personal use of confidential data is strictly prohibited.

3. Access to data must be limited to those staff whose duties specifically require access to such data in the performance of their assigned duties.

C. DISCLOSURE OF CONFIDENTIAL DATA

1. Confidential data may be provided to the individual or their representative with a signed release of information.

2. Confidential data may be disclosed to other individuals or agencies only for purposes directly related to the administration of the contractor's program(s) pursuant to data sharing agreements.

3. Any disclosure of confidential data contrary to 1 and 2 above is unauthorized. Anyone who discloses such confidential data may be subject to imprisonment for not more than one year and/or a fine of not more then $5,000.

I have read and understand the above Notice of Nondisclosure.

_____ _____
Printed Name Position

_____ _____
Signature Date Telephone Number **and** e-mail address

The above individual has been informed of the limitations, use or publishing of confidential data.

_____ _____
Supervisor's/Authorizing Staff's Printed Name Position

_____ _____
Supervisor's/Authorizing Staff's Signature Date Telephone Number/e-mail address

(KEEP FOR YOUR RECORDS)

Please complete and **fax to Nanette Angel (SBCTC) at**: **360-704-4418**.