ICCS Non-Disclosure Agreement

Each Contractor/Grantee employee or volunteer and each Sub-Contractor/Grantee employee or volunteer who has access to Customer personal information must sign this Non-Disclosure Agreement at the beginning of the grant or upon hire. A signed copy of this Agreement must be in each employee's/volunteer's file subject to inspection and review by the Department of Workforce Services (DWS).

The Contractor/Grantee and its employees and volunteers will comply with the following measures to protect the privacy of the information released under this agreement against unauthorized access or disclosure.

1. The information shall be used only to the extent necessary to assist in the purposes identified within this Agreement and shall not be re-disclosed for any purposes not specifically authorized in this contract.

2. The information shall be stored in a place physically secure from access by unauthorized persons.

3. Information in electronic format shall be stored and processed in such a way that unauthorized persons cannot retrieve the information by computer, remote terminal or any other means.

4. Precautions shall be taken to ensure that only authorized personnel are given access to on-line files.

5. The Contractor/Grantee shall instruct all authorized personnel regarding the private nature of the information and that they are subject to State and Federal law penalties for unauthorized disclosure of information.

6. The Contractor/Grantee shall permit DWS or any other authorized State or Federal Agency to make on-site inspections to insure that the requirements of this contract and all applicable State and Federal laws, statutes and regulations are being met.

7. The Contractor agrees to hold DWS harmless for any damages arising out of the unauthorized disclosure of confidential or private information from DWS records.

By signing below you are affirming that you have read and understand the above and will abide by the terms within.

Employee/Volunteer Signature: _____

Employee/Volunteer Name (Printed): _____

Date: _____