

CONFIDENTIALITY AGREEMENT

DCF-2118

8/19 (Rev.)



(Enter FIRST name). _____ (Enter LAST name). _____ understand that I am being granted access to confidential child protection information that is the property of the State of Connecticut Department of Children and Families (DCF). I am a/an:

Employee Intern Consultant Employee of the following DCF Service Provider: _____

Other authorized user: _____

By signing this document , I understand and agree as follows:

1. In the course of providing services to and/or performing my duties for DCF, I may have access to hard copy and or electronic confidential DCF case information. "Confidential information" pertains to that information currently under the protection of state and federal confidentiality statutes pertaining to the business of this agency, specifically child welfare data and protected health information. Confidential Information encompasses written, verbal or electronic form.
2. I will not solicit confidential information from any source beyond what is necessary to perform my duties.
3. I will not discuss confidential information in any setting or forum except when performing duties directly related to my duties.
4. I will not discuss confidential information with any person who is not employed by DCF, unless specifically authorized to do so by DCF for purposed of performing my duties.
5. I will only discuss confidential information with authorized persons in an area where privacy can be ensured. For example, confidential information will not be discussed in public or semi-public area including hallways, waiting rooms, elevators and restaurants.
6. I will not distribute confidential information in any written or documentary or electronic format to anyone who is not employed by DCF unless specifically authorized to do so by DCF for purposes of performing my duties. This specifically includes, but is not limited to, use of DCF information in a research project or written publication.
7. If I recognize the name of a DCF adult or child client with whom I have a personal or business relationship not connected with my duties at DCF, I will immediately notify my DCF Supervisor and will not read additional information or access the case further without written DCF approval.
8. I will not remove any confidential information, either physically or electronically, from my workspace, including assigned equipment or electronic media, operated by the Department of Children and Families, unless expressly authorized in writing by DCF.
9. I will return all confidential information in my possession to DCF upon the completion of my duties, and I will not keep any copies of any information, in any formation, to which I have gained access.
10. I understand that Connecticut General Statutes §17a-28 addresses the confidentiality of DCF case records and states in part:

"... The information contained in reports and any information relative to child abuse0 wherever located, shall be confidential"

"... Any violation of this section... shall be punishable by a fine of not more than one thousand dollars or imprisonment for not more than one year."
11. I understand that I may be subject to the above-cited criminal penalty if I illegally disclose confidential DCF information.
12. I understand that I may also be subject to a civil lawsuit if I illegally disclose confidential information.
13. I understand that if I am sued for a willful or negligent breach of confidentiality, DCF, at its option, may not be responsible for any costs or damages associated with said suit.
14. I understand that my access privileges to confidential information will expire twelve (12) months from the date I sign this Agreement unless an authorized DCF manger requests that my access requests that my access privileges be renewed for another twelve (12) months. If my access is renewed, the provisions of this Agreement will remain in full force and effect even if I am not asked to sign a new Confidential Agreement.
15. I understand that even after my access privileges expire, and even after I am, no longer providing services for DCF, the provisions of this Confidentiality Agreement remain in full force and effect indefinitely, including my potential civil and criminal liability for breach of confidentiality.

Name of Person Being Granted Access:	Signature of Person Being Granted Access:	Date:
Name of Witness:	Signature of Witness:	Date: