



STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

W1077C
(Rev 8/15)

**CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT
FOR CONTRACTOR EMPLOYEES**

All documents and all information (including, but not limited to, protected health information) concerning applicants for and recipients of Department of Social Services (DSS) programs are strictly confidential, and may be used and disclosed only for purposes directly connected with administration of DSS programs and in accordance with state and federal law. Except as required by law or court order, such information and documents shall not be used or disclosed for any other purpose without specific authorization from the applicant, recipient or participant.

I, _____,
[Print name of employee signing]

employee of _____,
[Organization or business]

agree to treat and handle all information concerning DSS clients in a confidential manner at all times and agree as follows:

- To read all DSS HIPAA and security manuals, as provided by DSS to the contractor employee or the contractor organization.
- To use and disclose client information only in connection with performing assigned duties and only for purposes of administration of DSS' programs, except as required by law or court order or a client or applicant's authorization.
- To access and use information from other state agencies, including, but not limited to, the Department of Labor and the Department of Motor Vehicles, about only applicants for and recipients of DSS programs (no other individuals) and only as necessary for purposes connected with administration of DSS programs.
- To request, obtain or communicate confidential information only to the degree that it is minimally necessary to perform assigned duties.
- To complete all required privacy and security trainings provided by DSS or its contractor, including, but not limited to, initial and annual HIPAA privacy and security trainings, and training on how to treat Internal Revenue Services, Social Security Administration and Department of Revenue Services' data.
- To comply with all applicable DSS and other state and federal privacy and security requirements, including, but not limited to, following all HIPAA and DSS policies

and procedures for uses and disclosures and for reporting breaches of client information.

- To take all reasonable care to properly secure confidential information on computers and take steps to ensure that others cannot view or access such information.
- To protect personal passwords and not give them to anyone, and refrain from performing tasks using someone else's password and/or user ID.

I understand that failure to comply with this agreement may result in termination of my access to DSS confidential information and computer systems, breach of contract, and/or civil or criminal penalties.

Signature

Title

Date