

Confidentiality and Nondisclosure Statement

I understand that in the performance of my responsibilities with respect to the Iowa Department of Health and Human Services (Iowa HHS), I may acquire or have access to confidential information. I understand I may access or release this confidential information only as required to perform my job duties. I agree not to access, use, discuss, release, or otherwise disclose or disseminate any confidential information, records, and data except as allowed by federal and state law, regulations, and Iowa HHS policy.

I understand that I may have access to confidential information in various formats, including hard copy and electronic, that may be kept in case files, court files, Iowa HHS computer systems, information systems operated by external parties, or other formats. External party information systems may include, but are not limited to, those operated by the Iowa Department of Revenue, Iowa Department of Transportation, Iowa Workforce Development, Iowa Judicial Branch, and federal governmental entities such as the Internal Revenue Service (IRS) and the Social Security Administration (SSA). I may also have access to protected health information (PHI) protected through the Health Insurance Portability and Accountability Act (HIPAA), medical records and patient information, reportable disease information, vital records, substance use records, personnel records, emergency preparedness plans, or other records that contain personally identifiable information provided to Iowa HHS programs and registries. Some confidential information may be provided verbally. In the performance of my job responsibilities, I may also have access to security documentation, algorithms, operating systems, platforms, data or software programs, including third party proprietary software and methodologies, or copyrighted and patented information or processes.

I hereby acknowledge that I understand the information above, and I agree to all the following conditions in order to have access to confidential information as needed to accomplish my assigned duties:

1. I shall not view information about any individuals receiving Iowa HHS services or other information maintained in Iowa HHS data systems unless such access is required for my job duties. I understand I shall not access information about people out of curiosity or concern, including family members or people I have heard of or know personally.
2. I shall not disclose confidential information to anyone, other than to persons and in manners specified by Iowa HHS for the purpose of performing my job duties. I shall not share confidential information with my friends, my spouse, or relatives. I shall not disclose confidential information to other Iowa HHS staff unless they have a need to know the information as part of their job duties.
3. I acknowledge that unauthorized viewing or disclosure of information may result in the immediate removal of access to information and records, as well as discipline, up to and including discharge.

4. I shall not store confidential data anywhere other than in Iowa HHS approved locations and on Iowa HHS approved devices. I agree to seek consent from a supervisor regarding the storage location for confidential information and I agree to safeguard the information, records, and data in my possession to prevent any examination by any person not authorized by the Agency.
5. I understand Iowa HHS staff who are not assigned to my Division, Bureau, Unit or Facility and other persons, including contractors, vendors, other government employees, private businesses, and the legal counsel for any of the former, may contact me seeking information. I understand that in order to perform my job duties, I may need to disclose some confidential information to Iowa HHS contractors or vendors who have a business relationship with Iowa HHS or to other entities that are legally authorized to receive the confidential information requested. I agree to follow all state and federal laws and regulations and all Iowa HHS policies to obtain approval and appropriate agreements or documentation for any such release. I agree to ask questions if I do not understand these laws or policies.
6. I understand I am the only person who may use my user ID and password for any computer system or database to which I have access. **Under no circumstances will I reveal to or allow use of my password by another person, including my supervisor.** I understand I must not allow others to view my computer monitor when information is displayed unless it is necessary to perform their job duties and they are authorized to see the information. Providing my username and/or password in response to an email from **anyone** is prohibited. If it should happen, I must report this to my supervisor immediately.
7. I understand I will report all suspected or known security incidents to my supervisor immediately, including, but not limited to, unauthorized access or disclosure of confidential information, lost or stolen Iowa HHS equipment, and violations of Iowa HHS policy.
8. I understand that if I am authorized to access PHI, I must comply with the federal HIPAA/HITECH Security and Privacy regulations.
9. I understand that if I am authorized to access federal tax information (FTI) received from the IRS, the information must be used only for official state-approved business.

The Beneficiary Earnings Exchange Records (BEER) match with SSA is also FTI and is subject to the same restrictions and penalties as FTI received from the IRS.

I understand that if I fail to follow any of these procedures, I may be subject to disciplinary action and/or prosecution. Under federal law, unauthorized willful disclosure of FTI can result in the following: a felony conviction, a fine up to \$5,000, imprisonment up to five years, and a money judgment against me. Unauthorized inspection of FTI and information received from NDNH may result in a fine up to \$1,000, imprisonment up to one year, and a money judgment against me.
10. I acknowledge I am bound by state and federal confidentiality law that prohibits or restricts obtaining or disclosing state and federal data and program information. Some of these statutes carry criminal penalty or civil liability for statute violation.

11. I will adhere to all written policies and procedures about handling confidential information. I agree that I will consult my supervisor if I have any doubt or uncertainty about the written policies and procedures.
12. I understand, acknowledge, and agree the *Confidentiality and Nondisclosure Statement* must be signed on an annual basis and remains in effect during my employment as well as after the conclusion, termination, or expiration of my work responsibilities with Iowa HHS.
13. I understand this *Confidentiality and Nondisclosure Statement* does not change the kinds of information I may lawfully disclose to a case party or to an individual or business for whom a case party has submitted a written consent to release information.

I have read and understand this *Confidentiality and Nondisclosure Statement* and have had an opportunity to ask my supervisor questions and to discuss this policy. I acknowledge that if I violate this Agreement or the laws cited above, I may be subject to disciplinary action, possible civil penalties, and criminal prosecution. My signature on this form or electronic acceptance of these terms attests that I have read and understand this Agreement and agree to comply fully.

I have been provided access to the Iowa HHS Security and Privacy Policies, Procedures, and documentation found on the Iowa HHS SharePoint site at the following two locations: 1) [Regulatory and Security Office under Information Technology](#) and 2) [HHS Policies under Compliance](#).

Employee Printed Name	Division, Bureau, Unit, Facility, etc.
Employee Signature	Date
Supervisor Signature	Date