

# Separation of Employment

## CONFIDENTIALITY

### Confidentiality After Separation of Employment

Upon conclusion, termination, or expiration of work with the Department, I acknowledge and understand I remain bound by state and federal confidentiality law that prohibits or restricts obtaining or disclosing state and federal data and program information. I understand some of these statutes carry criminal penalty or civil liability for statute violation. I also understand, acknowledge, and agree the *Confidentiality and Nondisclosure Statement (form 470-5278)* signed during my employment remains in effect and does not expire.

I have read and understand this information. I have had an opportunity to ask questions and to discuss this requirement.

Signature	Date
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