

Office of Temporary & Disability Assistance

Non-Disclosure Agreement

I understand that as part of performing my duties I may see or hear information that is confidential. I understand that because my specific job responsibilities cannot be accomplished without access to individual identifiable information, such information may be available to me due to access that I will have to client information, information systems or any data that the State considers confidential. I understand that the use of any information obtained in the performance of my duties shall be limited to purposes directly connected with such duties, unless otherwise provided in writing by my supervisor and/or State program manager. I understand the law forbids disclosing such information to anyone unless specifically directed to do so by my supervisor and/or State program manager.

Personally Identifiable Information (PII) must be safeguarded. PII is defined as: “any information about an individual maintained by an agency, including (1) any information that can be used to distinguish or trace an individual’s identity, such as name, social security number, date and place of birth, mother’s maiden name, or biometric records; and (2) any other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information.”

A Reportable PII loss is defined as: “any information in paper or electronic format containing PII collected and maintained as part of SSA's business processes which the Agency has reason to believe has left its custody, or has been disclosed to an unauthorized individual or entity, in circumstances that are likely to lead to its misuse.”

Information to be gathered to report a loss of PII is: “Contact information, description of loss (including time and location), what safeguards were used, which components (division or areas) were involved, whether external organizations were contacted, and whether other reports have been filed (e.g. law enforcement).”

I understand that if I am unsure as to what information is confidential, I will immediately consult with my supervisor and/or State program manager. I further understand that I should within one hour of discovery report any loss to my supervisor, who will report the loss to the appropriate Division of Disability Determinations and OTDA officials. Finally, I understand that failure to comply with these requirements may result in my termination and criminal prosecution.

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Signature of Individual Contractor Staff

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Printed Name of Individual Contractor Staff

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Name of Prime Contractor and/or Subcontractor

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Date