

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency**



Child Protection Register Access Agreement – for CFSA Employees Only

CFSA employees must complete this form and submit it to the Child Protection Register (CPR) supervisor upon approval of the CPR Access Change Request.

CFSA Employee Information (Please type/print all information)				
Last Name:		First Name:		MI
Position Title:		E-mail Address:		
Office Phone No:	Cell Phone No:		Room No:	
Supervisor's Name:			Office Phone No:	
Supervisor's Signature:			Date:	

I _____, understand that in the course of my employment at the Child and Family Services Agency (CFSA) I will receive access to information concerning whether an applicant listed in the Child Protection Register is responsible for the abuse or neglect of a child. This information is considered confidential pursuant to:

- Federal and Local Confidentiality laws (i.e., the requirements and restrictions contained in federal and District law concerning access to child welfare information, including D.C. Official Code §§ 4-1302.03, 1302.08, 4-1303.06 and 4-1405, including but not limited to, information which identifies individual children reported as or found to be abused or neglected or which identifies other members of their families or other persons or other individuals).
- The privacy and security standards provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub. L. 104-191.
- Other applicable District or Federal laws.
- CFSA policies and procedures.

I understand and agree:

1. To complete all required training arranged by the CPR supervisor
2. To renew my access annually
3. To notify the CPR supervisor within five business days if I no longer require access to the CPR
4. Not to disclose my assigned user ID or password
5. Not to provide access to other individuals using my log-in information
6. Not to leave my terminal or computer in an unsecured, accessible status in my absence
7. To maintain the integrity of all client records
8. To utilize my FACES access and the information it contains solely for the performance of my assigned responsibilities
9. Not to utilize any portable device (*CD, Flash Drive, etc.*) to store or copy sensitive, confidential information
10. To ensure the latest version of virus scan software has been installed on any device requiring access to CFSA electronic resources
11. Not to disclose any confidential information protected by any applicable federal or District laws or by CFSA policies and procedures, nor use such information for unauthorized purposes
12. To contact my supervisor or the CFSA Privacy Officer if I have any questions concerning whether and under what conditions confidential information may be disclosed

Failure to comply with the terms of this agreement may result in termination of my FACES access or other disciplinary action as appropriate. Any staff member who willfully releases information obtained from the Register in violation of D.C. Code sections 4-1302.08 and 4-1302.09 shall be prosecuted and fined not more than \$1,000.00.

By signing this document, I acknowledge that I have read and fully understand the above statements.

Signature

Date