GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Child Information Systems Administration

Security Agreement for Contract Agencies

Employee Information (Please print all information)		
Last Name:	First name:	MI
Position Title:	Telephone No:	
Agency Email Address:		
Supervisor's Name and Title:	Telephone No:	
Supervisor's Signature:		
_____ Initial Profile _____ Profile Change _____Temporary _____Not to Exceed		
Contract Agency:		
Contract Agency Address:		

I, _____, am an employee of_____ ("Contract Agency"). I am aware that Contract Agency has access to the Child and Family Services Agency ("CFSA") FACES.net system as well as other CFSA information concerning the children and families served by CFSA and other concerning activities undertaken by CFSA and its staff. This access occurs through, but not limited to, the FACES.net system and hard-copy CFSA records.

I understand and agree that the information I receive in the course of my employment with Contract Agency may be considered confidential including pursuant to the:

- Confidentiality law (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, 1302.06 and 130-3.07 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 rules established pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub. L. 104-191 (i.e., the requirements and restrictions contained in 45 CFR parts 160 and 164, subparts A and E, and 162, as modified by any District of Columbia laws, including the Mental Health Information Act of 1978, that may have preemptive effect by operation of 45 CFR part 160, subpart B)

- Other District or federal law

- CFSA policies and procedures

I agree that I will not disclose any confidential information protected by any applicable federal or District laws or by CFSA's policies and procedures, nor use such information for unauthorized purposes.

I understand and agree that if I have any questions concerning whether and under what conditions the information I have learned or have access to in the course of my employment may be disclosed, I will not disclose the information without permission for that disclosure from your supervisor or the CFSA Privacy officer.

I understand and agree:

1. Not to disclose my assigned user id or password
2. Not to provide access to other individuals using my logon information
3. To maintain the integrity of all client records and data
4. To utilize my FACES.net Access and the data it contains solely for the performance of my assigned responsibilities
5. Not to leave my terminal or computer in an unsecured, accessible status in my absence.
6. Utilization of any mobile device (*CD, Flash Drive, etc.*) to store or copy sensitive, confidential and ePHI data, unless the data is encrypted and password protected is not authorized.
7. I will ensure the latest version of virus scan software has been installed on any device requiring access to CFSA resources

I understand and agree that failure to comply with the terms of this Security agreement may result in restrictions to or termination of my FACES.net access or other disciplinary action as appropriate.

I understand and agree that disclosure of confidential information would be in violation of the D.C. Personnel Manual, and subject to the sanctions set forth therein.

I understand and agree that whoever willfully, discloses, receives, makes use of or knowingly permits the use of confidential information concerning a child or individual may be guilty of a misdemeanor and upon conviction shall be fined not more than $1,000.00.

CFSA reserves the right to deny, restrict or terminate access or connectivity to FACES.net as a result of non-compliance with the terms of this Security Agreement.

By signing this document, I acknowledge that I have read and fully understand this Security Agreement.

—————————————————————

Signature

—————————————————————

Date

FOR OFFICAL USE ONLY (*Please do not write in this section*)	
Network User ID _____	
Security Categories Assigned _____	
Date:	**ISO Signature:**