

Confidential Information, Fraud and Abuse

This form is for WorkFirst (WF) and Basic Food Employment and Training (BFET) contractors and related non-DSHS employees.

Confidential Information

“Confidential Information” means information that is exempt from disclosure to the public or other unauthorized persons under Chapter 42.56 RCW or other federal or state laws. Confidential Information includes, but is not limited to, protected health information as defined by the federal rules adopted to implement the Health Insurance Portability and Accountability Act of 1996, 42 USC §1320d (HIPAA), and Personal Information.

“Personal Information” means information identifiable to any person, including, but not limited to, information that relates to a person’s name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver license numbers, other identifying numbers, and any financial identifiers or as otherwise identified in RCW 42.56.230.

State laws (including RCW 74.04.060 and RCW 70.02.020) and federal regulations (including HIPAA Privacy and Security Rules; 42 CFR, Part 2; 42 CFR Part 431) prohibit unauthorized access, use, or disclosure of Confidential Information. Violation of these laws may result in criminal or civil penalties or fines. You may face civil penalties for violating HIPAA Privacy and Security Rules up to \$50,000 per violation and up to \$1,500,000 per calendar year as well as criminal penalties up to \$250,000 and ten years imprisonment.

Declarations

In consideration for the Department of Social and Health Services (DSHS) granting me access to DSHS property, systems, and Confidential Information, I agree that I:

1. Will not use, publish, transfer, sell or otherwise disclose any Confidential Information gained for any purpose that is not directly authorized and connected with the performance of the contracted services except as allowed by law.
2. Will protect and maintain all Confidential Information gained against unauthorized use, access, disclosure, modification or loss.
3. Will not disclose Confidential Information to unauthorized parties, and will forward any requests as such to DSHS for resolution.
4. Will employ reasonable security measures, including restricting access to Confidential Information by physically securing any computers, documents, and other media containing Confidential Information.
5. Have an authorized business requirement to access and use DSHS systems or property, and view its data and Confidential Information if necessary.
6. Will access and/or use only the “minimum necessary” Confidential Information required to perform my assigned job duties.
7. Will not distribute, transfer or share any DSHS software or system passwords with anyone or allow others to use the DSHS systems logged in as me.
8. Understand the rules, penalties and sanctions (explained on this form) associated with unauthorized access or disclosure of Confidential Information.
9. Understand that my assurance of confidentiality and other preceding requirements do not cease at the time I terminate my relationship with my employer or DSHS and that my employer and/or DSHS will retain this form for at least six (6) years.
10. Will report Welfare Fraud to DSHS at 1-800-562-6906 or to my main contact for DSHS contracted services.
11. Will report any suspected abuse or neglect on any child or vulnerable individual to DSHS at 1-866-END-HARM.

Information and Signatures

EJAS REGION ACCESS NEEDED <input type="checkbox"/> N/A <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3	EJAS MODEL(S) NEEDED <input type="checkbox"/> N/A <input type="checkbox"/> BFET <input type="checkbox"/> WorkFirst (Colleges) <input type="checkbox"/> Other:	EJAS CONTRACTORS ID(S) NEEDED <input type="checkbox"/> N/A	CURRENT / PREVIOUS EJAS USER ID <input type="checkbox"/> N/A
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AGENCY / WORKFIRST (COLLEGE)

EMPLOYEE’S SIGNATURE	DATE	EMPLOYEE’S PRINTED NAME	EMPLOYEE’S PHONE
EMPLOYEE’S TITLE		EMPLOYEE’S EMAIL ADDRESS	
APPROVING SUPERVISOR’S SIGNATURE	DATE	SUPERVISOR’S PRINTED NAME	SUPERVISOR’S PHONE