

CHILD SUPPORT ENFORCEMENT - THIRD PARTY ACCESS CONFIDENTIALITY STATEMENT

DCSS ASD 004

The Department of Child Support Services (DCSS) is responsible for securing Child Support information. DCSS takes this responsibility seriously. The information below describes serious consequences you are subject to in the event that you unlawfully access or disclose information on the Child Support Enforcement (CSE) system. **This information is confidential.** DCSS strictly enforces information security and privacy protection. If you violate DCSS confidentiality policies, you may be subject to administrative, civil, and/or criminal action.

You may only access confidential information if you have a specific business need for that information. If you access confidential information without a business need, you may be subject to discipline, termination, criminal fines, or imprisonment:

- Fines for confidentiality violations range from \$1,000 to \$20,000.
- Imprisonment for confidentiality violations ranges from 1 year to 5 years.
- In addition, you may be liable for damages to persons injured by your confidentiality violation.

By your signature and initials below, you acknowledge that confidential Child Support information is subject to strict confidentiality requirements imposed by state and federal law including, but not limited to: Title 26 United States Code sections 7213(a), 7213A, and 7431; Code of Federal Regulations, Title 28, Code of Federal Regulations, part 603; California Penal Code section 502; California Family Code section 17212; California Unemployment Insurance Code sections 1094, 2111, and 2122; California Revenue and Taxation Code sections 7056, 7056.5, 19542, and 19542.1; and California Civil Code section 1798.

READ AND INITIAL EACH OF THE STATEMENTS PRINTED BELOW

_____ I acknowledge that operating any computer providing access to Child Support information constitutes consent to monitoring of all system activity. Evidence of unauthorized use collected during monitoring may be used for adverse or criminal action. Logging onto any system providing access to Child Support information indicates acceptance of the DCSS Information Security Policy.

_____ I acknowledge that Child Support information is confidential and that I must protect that information from unauthorized disclosure.

_____ I acknowledge that wrongful access, use, modification, or disclosure of confidential information may be punishable as a crime and/or result in disciplinary and/or civil action taken against me – including but not limited to: reprimand, suspension without pay, salary reduction, demotion, or dismissal - and/or fines and penalties resulting from criminal prosecution or civil law suits and/or termination of contract.

_____ I acknowledge that wrongful access, inspection, use, or disclosure of confidential information for personal gain, curiosity, or any non-business related reason is a crime under state and federal laws.

_____ I acknowledge that wrongful access, use, modification, or disclosure of confidential information is grounds for immediate termination.

_____ I hereby agree to protect Child Support information in any form, (e.g. paper, CDs, DVDs, computer drives, mobile computing devices, etc) by:

- Accessing Child Support information only as needed to perform my Child Support business duties.
- Never accessing information for curiosity or personal reasons.
- Never showing confidential information to or discussing confidential information with anyone who does not have the need to know.
- Storing confidential information only in approved locations.
- Never removing sensitive or confidential information from the work site without authorization.

_____ I agree that I will not disclose my password(s) that provide me access to CSE to any other person.

_____ I agree that I will not duplicate or download confidential information from CSE unless I am authorized to do so.

_____ I certify that I have received information security training.

I certify that I have read and initialed the confidentiality statements printed above.

PRINT FULL NAME _____

SIGNATURE _____

PRINT COUNTY'S FULL NAME _____

DATE _____