



The value and sensitivity of client information is protected by law and by the strict policies of the Georgia Department of Human Services (hereinafter "Department"). The intent of these laws and policies is to protect the client against the unauthorized disclosure of confidential information, and to ensure that the information is used solely for the purpose for which it was gathered.

For the purposes of this agreement confidential information includes, but is not limited to records, information and communications of the Department and the Organization that identify clients being assisted with the COMPASS Application, Renewal of Benefits, Reporting of Changes or Benefit Inquiry.

As a condition to receiving a system log in ID and password and being allowed access to the COMPASS system, and /or being granted authorization to access any form of confidential information identified above, I, the undersigned, agree to comply with the following terms and conditions.

1. My ID and password is equivalent to my LEGAL SIGNATURE and I will not disclose these codes to anyone, write the codes down, or allow anyone to access the system using my ID or password.
2. I am responsible and accountable for all entries made and all retrievals accessed under my ID and password, even if such action was made by another due to my intentional or negligent act or omission.
3. Any data available to me will be treated as confidential information.
4. I will not attempt to learn or use another user's password.
5. If I have reason to believe that the confidentiality of my password has been compromised, I will immediately change my password and notify my site administrator.
6. I have completed Confidentiality/Security Training.
7. I will not access or request any information that is not necessary for the performance of my job.
8. I must obtain a signed, completed COMPASS Transaction Authorization Form from the individual I am assisting before I complete any transaction on COMPASS.
9. I will not access case information on people of personal interest to me or members of my family.
10. I will not access, use or disclose any CONFIDENTIAL information unless required to do so in the official capacity of my employment or contract.
11. I understand that I have no right or ownership interest in any information available to me on the Department's system.

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12. I will not leave a computer application unless it is secured to the extent that no one else will be able to access, use, or view the data.
13. I will comply with all policies and procedures and other rules of the Department relating to CONFIDENTIALITY of information and passwords.
14. I understand that my use of the system will be periodically monitored to ensure compliance with this Agreement.
15. I agree that disclosure of CONFIDENTIAL information is prohibited indefinitely, even after the termination of employment or business relationship, unless specifically waived in writing by the Department.

I have read and understand this entire nondisclosure Agreement and agree to abide by it. I understand that if I violate any of the above-mentioned terms, I may be subject to disciplinary action, including discharge, loss of privileges, termination of contract, legal action for monetary damages or injunction, or both, or any other remedy available to the Department. I understand that criminal prosecution will be initiated if I knowingly and intentionally disclose the information to any unauthorized individuals or use the data for fraudulent purposes.

(User's Name – PLEASE PRINT)

(Date)

(Email Address)

(Employee ID Number – if applicable)

(User's Signature)

(Supervisor's Name/Title) – PLEASE PRINT

(Date)

(Supervisor's Signature)

(Organization Name)

(Telephone Number)

(Address)

(City/State/Zip)