

## **Nondisclosure Statement**

I acknowledge that I will be provided access to information, systems, operations, or procedures that are security sensitive or have been identified as confidential by the Ohio Department of Developmental Disabilities (DODD), the State of Ohio, or the United States of America. Each person authorized to access DODD systems holds a position of trust relative to this information and must recognize the necessity to keep this information confidential and secure. As such, I agree to the following:

- I will only use an email address that is my personal email address, not a group or shared email;
- That my access to this information is provided solely in my capacity and solely for the purposes relative to my capacity as a provider of waiver services;
- That unauthorized disclosure or use of this information will irreparably harm the interests of DODD and the State of Ohio and may constitute a violation of state and federal law;
- That the information may represent confidential personal information, protected health information, or proprietary information, the release or disclosure of which may be restricted or prohibited by state and federal law;
- That I shall regard all such information as confidential and that I shall not disclose, reveal, communicate, impart, or divulge the information or any summary or synopsis of the information in any manner or any form whatsoever;
- That DODD has instituted security measures designed to identify attempts to tamper with the websites, systems, operations, or procedures and that information collected through these security measures may be used in connection with a criminal prosecution or other legal proceedings;
- That DODD has instituted security measures designed to monitor and detect the unauthorized access or attempt to access information and that these security measures may result in the collection of information that may be used in connection with a criminal prosecution or other legal proceedings;
- That violation of any of these provisions may result in the cancellation of my security access and referral to the appropriate enforcement authorities.

**By signing this statement, I acknowledge that I understand and agree to adhere to the limitations on access and disclosure described above.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

**\*Employees/owners of provider agencies must complete an additional security request to gain access to DODD systems/data. This request form can be found at [dodd.ohio.gov](http://dodd.ohio.gov). Under the forms link, choose On-Line Security Request. Individual providers do not need to complete the additional security request.**