

PERSONAL CONFIDENTIALITY STATEMENT

I, _____, am an employee of _____, which has entered into an Agreement for the Release of Confidential Information with the Ohio Department of Job and Family Services. I understand that in the course of my employment I may have access to confidential information from the ODJFS Office of Unemployment Compensation (OUC), as specified in the agreement: wage data, such as an individual's name, social security number, quarterly wages, and quarterly weeks worked; and/or employer data, such as a specific employer's name, address, account number, and National American Industry Classification System (NAICS) code; and/or unemployment compensation benefits data, such as a given individual's name, address, telephone number, social security number, demographics (e.g., ethnicity, race, gender and educational level), eligibility for benefits, and benefit payments.

In connection with access to any confidential information furnished by ODJFS OUC, I acknowledge and agree to abide by the terms of the above-cited agreement, as well as the following:

- I will access and use the confidential information only as is necessary for the performance of my official job duties for the purpose(s) specified in the agreement and in compliance with the applicable provisions of the unemployment insurance laws of Ohio.
- I will store the confidential information only on my employer's premises in an area that is physically safe from access by unauthorized persons during duty hours, as well as non-duty hours or when not in use.
- I will process the information and any records created from the information in a manner which will protect confidentiality by direct or indirect means, and in such a way that unauthorized persons cannot retrieve the information by any means.
- I will retain identifiable records only for the period of time required and will then destroy the records.
- I will immediately notify the Information Sharing Coordinator, ODJFS, Office of Unemployment Compensation, Bureau of Program Services, of *any* suspected or actual violation of confidentiality.
- I have read the above-cited agreement and will comply with the terms, including but not limited to, the following: protecting the confidentiality of my personal access codes (e.g., username, password, etc.); securing computer equipment, disks and offices in which the confidential data may be kept; verifying that individuals requesting access to the data are authorized to receive them; and following procedures for the timely destruction of the data.
- I understand if I violate any confidentiality provisions, my access privileges may immediately be suspended or terminated. I further acknowledge that if I disclose confidential information, I may be subject to dismissal from state service, as well as a fine and/or imprisonment under Section 4141.99 of the Ohio Revised Code.

By signing below, I acknowledge that I have read and understood the confidentiality requirements of ODJFS OUC information, as well as the possible penalties for failure to comply, and will adhere to them.

Signature: _____ Date: _____

Printed Name: _____

Supvr Sign: _____

Supvr Name: _____

Agency/Co. Name: _____