



Early Learning Coalition of Osceola County | Individual Data Security Agreement

Contractor/Employer Name: _____

Consultant/Employee Name: _____

I understand that I may be exposed to certain confidential information pertaining to the Florida's Office of Early Learning (OEL) School Readiness and VPK Programs, which has been made available to the Early Learning Coalition of Osceola County (COALITION) and my employer, for the limited purpose of performing its public duty pursuant to the Grant Award signed between the COALITION and OEL.

These confidential records may include but not be limited to, social security numbers, parent and child information, payment, resource and referral, childcare provider, household demographics, and computer-related media (e.g., printed reports, microfiche, system inquiry, on-line update, or any magnetic media) which are private and confidential and may not be disclosed to others. If applicable, and prior to receiving access, I acknowledge and agree to abide by the following standards for the receipt and handling of confidential record information.

1.I agree to be bound by the Computer Related Crimes Act, Chapter 815, F.S.; Sections 7213, 7213A, and 7431 of the Internal Revenue Code, which provide civil and criminal penalties for unauthorized inspection or disclosure of Federal tax data; 6103(l)(7) of the Internal Revenue Code, which provides confidentiality and disclosure of returns and return information; and Chapter 119.0712, Florida Statutes, and the Driver Privacy Protection Act (DPPA). These laws are available upon request.

2.If assigned a username and password, I shall not disclose those or other information needed to access the Systems to any party, nor shall I give any other individual access to this information.

3.If I should become aware that any other individual, other than an authorized employee, may have obtained or has obtained access to my username, password or other information needed to access the Systems, I shall immediately notify my supervisor, the System Administrator, and IT Coordinator for the coalition.

4.I will only access or view information or data for which I am authorized and have a legitimate business reason to see when performing my duties. I shall maintain the integrity of all confidential and sensitive information accessed AND shall not disclose or share information to unauthorized individuals except in the form of reports containing only aggregate statistical information compiled in such a manner that it cannot be used to identify the individual(s) involved.

5.I shall retain the confidential data only for that period necessary to perform my duties. Thereafter, I shall either arrange for the retention of such information consistent with both the Federal and State record retention requirements or delete or destroy such data.

6.I have either been trained in the proper use and handling of confidential data or have received written instructions in the handling of confidential data. I shall comply with all the confidential safeguards contained in such training, written standards, or instructions, including but not limited to, the following: a) protecting the confidentiality of my username and password; b) securing computer equipment, disks, and offices in which confidential data may be kept; and c) following procedures for the timely destruction or deletion of confidential data.

7.I understand that a security violation may result in criminal prosecution according to the provisions of Federal and State statutes and may also result in disciplinary action against me and may be subject to a fine and/or period of imprisonment and dismissal from employment. I have been instructed that if I violate the provisions of the law, I may receive one or more of these penalties.

8.Should I have any questions concerning the handling or disclosure of confidential information, I shall immediately ask my supervisor or the Coalition official and be guided by his or her response.

Employee Signature: _____ Date: _____

Email: _____ Work Telephone: _____

VENDOR Fiscal Year Ending Date: _____

Employer Address (Please check: _____ Assigned Home Office or _____ Administrative Office, if applicable):

