



## **PARTICIPANT CONFIDENTIALITY AGREEMENT**

It is the policy of the Montgomery County Workforce Development Board to protect the confidentiality of all customer information.

### **Access to Data**

Program operators must collect data in order to document eligibility and provide services per federal regulation under the Workforce Innovation and Opportunity Act. The Workforce Development Board, WorkSource Montgomery and subcontractors will make every effort to collect and store data in a secure manner. Access to any personal customer information is restricted to only those staff and representatives who need it in their official capacity to perform duties pertaining to service delivery.

For auditing and monitoring purposes, individual's personal and confidential information may be shared among federal and state agencies, partner staff and contractors under the WorkSource Montgomery umbrella. Access is for the purpose of determining compliance with, and ensuring enforcement of the provisions of the Workforce Innovation and Opportunity Act.

### **Use and Release Data**

Data will only be used for the purposes of verifying eligibility, delivering services, and verifying performance measures. Any other use of individual data will require written consent from the customer or customer's parent/legal guardian. Upon request, data can be released to the subject of the information.

All sensitive individual data is stored in an area that is physically safe from access by unauthorized persons at all times and data transmitted electronically is encrypted.

Medical and disability records are additionally protected as confidential information. Any medical or disability records are kept separately in a secured physical and/or electronic location. Social security numbers are also protected as high-risk information. Whenever possible, staff and representatives will use unique identifiers to track individual data.

By signing below, I acknowledge that I have explained this agreement to the WorkSource Montgomery-affiliated customer.

Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_

By signing below, I acknowledge that I have read and understand this agreement. WorkSource Montgomery staff have explained this agreement and answered any questions I may have had.

Individual Signature: \_\_\_\_\_ Date \_\_\_\_\_