

Department of Revenue
Child Support Services Division (CSSD)

Contractor Confidentiality Agreement

I understand that as an employee, partner, associate, Subcontractor or assignee of _____, I may have access to sensitive, confidential or secure CSSD information. All CSSD information about client or employer data is to remain confidential during and after my employment or association with _____. CSSD information, whether gathered and shared in verbal, written, magnetic or electronic form, can only be disclosed as needed in the course of my official job duties and only after approval from CSSD. **I agree not to disseminate or disclose such information except for lawful purposes to authorized persons, and only to the same extent that a State of Alaska employee would be authorized to make such disclosure.**

I agree to obey and follow any and all federal and State procedures, safeguards, and contractual clauses that apply to my work environment and to _____ and its employees, partners, Subcontractors and assignees. CSSD may, if it deems necessary, provide training to Contractor's employees/agents on CSSD confidentiality issues. Training will be provided at CSSD's location and should last no more than one hour.

I understand that I must immediately disclose if I have a child support case with Alaska CSSD or any other State. I further understand that I am required to provide my social security number and that CSSD will verify that there are no outstanding debts owed to CSSD. Should debts be found, appropriate collection actions will be taken.

If subpoenaed lawfully, I agree to cooperate with the subpoenaing agency or court.

I have read and understood the foregoing, and I understand that I may be sanctioned for any violation of this agreement, including possible termination of contracts with CSSD and possible criminal prosecution.

Printed Name: _____

Company Name: _____ Supervisor's Name: _____

Company Address: _____ Co. Phone #: _____

Signature: _____ **Date:** _____