



State of Alaska
Department of Health and Social Services



Division of Public Assistance Confidentiality Statement

State law requires the Division of Public Assistance to safeguard client information and places specific limitations on the disclosure of public assistance records. State law allows the disclosure of information received from public assistance recipients to persons directly connected with the administration of public assistance programs. Persons authorized to receive this information must comply with the State of Alaska laws and regulations governing the confidentiality of public assistance records and are subject to the penalties associated with the misuse of those records.

I, _____, an employee with _____, an organization providing services to Division of Public Assistance clients, understand that my job duties allow access to confidential client information. I agree to the terms of state laws AS 47.05.020, AS 47.05.030, and AS 47.05.032; and state regulations 7 AAC 37.010 through 7 AAC 37.130 regarding my responsibilities to protect client confidentiality.

EXAMPLES OF SPECIFIC CONFIDENTIAL INFORMATION

- **Names, Social Security numbers, birth dates, addresses, financial information, or program eligibility**
- **Contents of case files, documents, Family Self-Sufficiency Plans, E-mail, and other electronic information which contain confidential information**
- **Conversations overheard regarding applications, denials, appeals, or investigations**

If I am unsure of what information I can release and under what circumstances, I will contact my supervisor for clarification.

I have read and understand the state statutes and regulations on confidentiality referenced above. I further understand that misuse of confidential information, during or after my employment, is a class A misdemeanor, AS 11.56.860, punishable for up to \$5,000 and one year in jail.

Employee Signature

Date

Supervisor Signature

Date