

Confidentiality and Non-Disclosure Statement

The _____ maintains strict expectations regarding the security and confidentiality of its, data, data systems, computing networks, devices connected to their networks, and all resources accessible on these networks. These expectations also extend to the data of its partners.

The statements below are in response to the following incident:

By initialing below, I _____, confirm the following statements:

Statement	Initials
Please confirm that you did not view, have access to, or receive in any manner the personally identifiable information (PII) /protected health information (PHI) in the document(s) in this incident. Otherwise, leave blank.	
Please confirm that you did not copy information from the document.	
Please confirm that you did not further disclose, in any manner, any of the PII/PHI in the document, other than for the purpose of mitigating the disclosure of the PII/PHI.	
Please confirm that you deleted, destroyed, or returned the document, such that the PII/PHI is no longer accessible. ¹	
Please confirm that you will not improperly use, or disclose, any PII/PHI in the document. ¹	

¹Mark NA if you did not view, have access to, or was verbally told the PII/PHI.

Signature _____	Date _____
Job Title Note: For non-employees enter a description such as client or citizen. Enter job title for contract or vendor employees.	

*The completed form should be retained as part of the incident documentation in the department's or agency's records. **You do not need to send a copy to the State Privacy Office.***