

CONFIDENTIALITY STATEMENT

The Department of Human Services (DHS) receives and generates a variety of information while providing services to clients. Some of this information may be publicly disclosed. Disclosure of certain information, however, is prohibited by law. Some of the information to which employees, contractors, and others may have access, through their relationship with DCFS and access to SAFE, will be classified as confidential, private, controlled, or protected. Such information must be handled according to the laws governing its classification.

BY SIGNING THIS NON-DCFS SAFE ACCESS REQUEST FORM BELOW, I, MY SUPERVISOR, AND MY DIRECTOR ACKNOWLEDGE THAT I HAVE BEEN TRAINED REGARDING REQUIREMENTS FOR CONFIDENTIALITY AND THE CRIMINAL PENALTIES FOR IMPROPER RELEASE OF INFORMATION, AND THAT WE AGREE TO ABIDE BY THE FOLLOWING:

To prevent an unwarranted invasion of privacy, I agree to limit my use of the SAFE database to that which is reasonably calculated to lead to information necessary for successful completion of my assignments with DCFS. I further agree that I shall not disclose the names or other identifying information about DCFS clients and their families, regardless of how I obtained such information, if such information would allow unauthorized persons to identify DCFS clients and their families. I also agree to handle any information with which I come in contact according to the law governing its classification. If I am unsure of how to handle a particular record or type of information, or if I disagree with DCFS' classification of a particular record, I will consult with a DCFS Supervisor before I disclose any information, and I will handle the record or information according to DCFS instructions.

I understand that if I violate this agreement or any law about the confidentiality of the information I obtain, I may be subject to criminal and/or civil penalties. Additionally, I may lose my SAFE access privileges and may be subject to other disciplinary action, including termination of my employment, or my contractual or other relationship with DCFS.

User Signature _____ Date _____

Print Non-DCFS
Supervisor Name _____ Date _____

Non-DCFS
Supervisor Signature _____ Telephone _____

Print Non-DCFS Division or
Bureau Director _____ Date _____

Non-DCFS Division or
Bureau Director Signature _____ Telephone _____

APPROVAL:

Having read the information contained in the SAFE Access Request Form, I approve the request made by the above-signed individual.

Non-DCFS personnel will be granted read and print access to records in SAFE, unless restricted by law.

SAFE Director Signature _____

Date _____

DHS Executive
Director Signature _____

Date _____