

Annual CRP and Benefits Planning Staff Attestation:

Protection of Personally Identifiable Information (PII) and Confidentiality:

In the performance of their duties, Community Rehabilitation Providers (CRP) employees, Independent Contractor CRPs, and Benefits Planners have access to confidential IDVR participant information and personally identifiable information (PII). All CRP and Benefits Planning Employees and Independent Contractors are responsible for understanding their duty to maintain the confidentiality of that information.

The purpose of this form is to certify that CRP and Benefits Planning Employees, and Independent Contractors have reviewed the Safeguard PII and Confidentiality Policy and understand the rules of behavior to safeguard and protect all participant-related information including PII.

As an employee of a business that provides CRP services and or Benefits Planning services or as an Independent Contractor with IDVR, I understand that I may see or use private information about the participants of the IDVR program. This includes personal details such as but not limited to, full participant names, addresses, Social Security numbers, medical, diagnosis information, and work history.

Protecting Personal Information (PII):

I will keep all IDVR participants' personal information safe and private. I will only use it when needed to support the individual in their VR services, and only if it is part of my job. I will never send this information using an unsecured email, text, or unsecured messaging application. I will use secure systems approved by my agency. I will keep physical records containing VR participant information in a secure location and will ensure they are not accessible to anyone without a need to know when not in use. If I am unsure what I can share or how to share it, I will ask my employer or reach out to IDVR for guidance.

Respecting Confidentiality:

I will keep all participant information confidential, whether it is written, spoken, or shared electronically. I will only talk about a participant's information with those who have a need to know and only when it supports the participant and their vocational goal or benefits planning services. I will not talk about IDVR participants in public places or around people who should not be aware of the information or details, including my coworkers that do not have a need to know. If I need to share information, I will ensure I have the participant's written permission for the disclosure of their confidential information. If I believe that a participant's private or confidential information was shared or viewed by mistake or error, I will report the incident to IDVR immediately.

All new CRP and Benefits Planning Employees and Independent Contractors that have access to IDVR Participant information, including names of IDVR participants, must review the Safeguard PII, Confidentiality, and Security Awareness Policy and sign this

acknowledgement form prior to handling and/or accessing participant-related information.

All CRP and Benefits Planning employees, and Independent Contractors including full-time, part-time, temporary employees, as well as interns engaged in internships within the Business or Independent Contractor, must complete this training annually.

By signing below, I attest to the following:

- I have reviewed the Agency Safeguard PII/Confidentiality Policy and have read the Safeguarding PII Confidential Participant Information Policy.
- I will adhere to these Policies when competing work duties for participants of the IDVR program.
- I understand and will follow IDVR requirements to protect IDVR participant information.
- I understand the potential criminal, civil, and administrative sanctions or penalties for unlawful access and/or disclosure of confidential information or PII.
- I will abide by IDVR's reporting requirements for suspected data incidents and or breaches. Community Rehabilitation Providers (CRPs), Benefits Planners, and Independent Contractors are responsible for ensuring all staff who may or potentially may encounter IDVR participant's PII and or confidential information to safeguard it.

I attest that I have reviewed and will abide by the above statements and will protect IDVR participant's PII and confidential information. I understand that non-compliance with this guidance will result in IDVR pursuing corrective action with my employer or business.

CRP/Benefits Planner Employee Name:

Business Name:

Signature:

Date:

IDVR Use Only:

Next Review and Attestation due: *(not to exceed 12 months from date signed).*

CRP: Email completed document to IDVR CRP Manager Ryan Waddell at:
Ryan.Waddell@vr.idaho.gov

Benefits Planners: Email completed document to Benefits Planning Point of Contact: Desiree Brown at: Desiree.Brown@vr.idaho.gov