

VITAL RECORDS CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

The purpose of this confidentiality and non-disclosure agreement is to define requirements regarding the confidentiality of vital records information and data received and used pursuant to Wisconsin Statutes Chapter 69. Any individual or organization who have access to these data have a legal and ethical responsibility to protect the confidentiality and security of all protected data and information to which they have access in carrying out their job duties. Individuals and organizations must conduct themselves in strict conformance to all applicable laws governing vital records information.

Any individual or organization must inform the State Registrar immediately about any possible violation of this policy.

Vital records information concerning an individual shall include, but is not limited to:

All information from any source, or any form (oral, written or electronic) obtained by the Vital Records Section that relates in any way to the vital record or vital record event which includes Birth, Death, Marriage, Domestic Partnership, Termination of Domestic Partnership, Divorce, Adoption, Paternity, Fetal Death and Abortion data.

1. I have read and understand Wisconsin Statutes Chapter 69. I understand that unauthorized release or use of vital records information is a violation of work rules and could result in criminal prosecution and/or disciplinary action, including and up to discharge.
2. I will not in any way access, use, divulge, copy, release, sell, loan, alter or destroy any vital records confidential information except as properly and clearly authorized within the scope of my job and all applicable vital records policies, procedures and laws.
3. I understand that unauthorized browsing of any vital records data is a violation of work rules and could result in disciplinary action including and up to discharge, even if the information is not shared.
4. I will not ask others to access or disclose vital records information unless I have a legitimate work-related reason to access the information.
5. I understand that any material, as defined above as vital records information, must be shredded.
6. I will report any conditions or activities that I believe may compromise vital records confidential information.
7. I understand that if I receive an inquiry by a legislator, legislative assistant or media staff on behalf of and about a specific constituent, I will forward the inquiry to my supervisor.
8. When I leave my employment with vital records, I will not take any vital records information with me. Consistent with the records retention policies, I will ensure that any vital records information that I have in my own possession, including notes, documents, copies and information on my personal computer is either returned to vital records or is destroyed in a manner that renders it unreadable and unusable.

By my signature below, I acknowledge that I have read and understand the terms and conditions of this confidentiality and non-disclosure acknowledgement, and I accept the responsibility to safeguard the privacy and confidentiality of vital records data and confidential information I manage.

SIGNATURE – Employee
Print Name

Date Signed
