



Department of Children and Families  
**ACCESS CONFIDENTIALITY AND  
NONDISCLOSURE AGREEMENT**

Agreement/Contract Number: \_\_\_\_\_

The Department of Children and Families (“the Department”) provides the undersigned access to Department information which may include data within Department business information systems (Information). The undersigned identified below acknowledges the following:

1. Information may only be accessed and used to the extent necessary and for the purpose of performing the undersigned’s assigned duties on behalf of the non-Department signatory consistent with the Data Sharing Agreement for bona-fide research purposes (Agreement).
2. Where direct access to DCF data system(s) is granted, access to Information may be monitored or audited by the Department by various means without prior or subsequent disclosure.
3. Violation of state or federal laws regarding Information is prohibited.
4. Any unauthorized disclosure of Information may subject the undersigned to administrative, civil, and criminal sanction.
5. The undersigned is responsible for safeguarding their access to Information and will not provide that access to anyone for any reason, unless authorized by Department policy or otherwise authorized in writing by the Department.
6. The undersigned will not permit personal identification of any individual to another individual unless consistent with state or federal laws; and authorized by the Agreement.

**ACKNOWLEDGEMENT (Please PRINT Clearly):**

***(For specific Department systems access, please submit the appropriate Department resources access request form(s) as required by Department policy)***

**THE FOLLOWING FIELDS MUST BE COMPLETED BEFORE ACCESS IS GRANTED**

I, \_\_\_\_\_, work for or am employed by \_\_\_\_\_,  
(Name) (Organization)

located at \_\_\_\_\_  
(Address)

I report to \_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_.  
Manager/Supervisor Name Phone Number, and extension, if applicable

I acknowledge that I have read, understand and agree to the above statements and, in addition, I further attest by my signature below, that I am authorized to enter into this agreement.

\_\_\_\_\_  
Signature Individual’s Work Email

\_\_\_\_\_  
Manager’s/Supervisor’s or Designee’s Signature Date