



ALASKA DOC CONFIDENTIALITY AGREEMENT

In performing their duties, many employees/contractors have access to confidential information concerning state employees or entities that do business with the state. It is important that persons with access to confidential information understand their duty to maintain the confidentiality of that information.

1. I, _____, am an employee with the Department of Corrections. I understand that in performing my duties I may have access to confidential information about state employees or entities that do business with the state. I agree that I will not discuss, disclose, or cause disclosure of any such confidential information to anyone who does not have a business need and a legal right to know the information.
2. I will handle and store confidential information in accordance with state and department policy.
3. I acknowledge that I could be subject to disciplinary action, including discharge from state employment, and, in certain circumstances, face criminal penalties for revealing confidential information to someone who does not have both a business need and a legal right to know the information, or for misusing confidential information. If I do not know whether a person requesting confidential information is entitled to receive the information, I will consult my supervisor.

Examples of confidential information covered by this acknowledgement:

- Health information pertaining to the COVID-19 Entry Point Screening questionnaire which includes a temperature reading, listing of symptoms and questions related to COVID-19 testing.

This form specifically addresses confidentiality pertaining to COVID-19 screening. All other confidentiality agreements required to perform the job duties of an employee with the Department of Corrections remain in effect.

Certification Statement: *By signing below I acknowledge that I have read and understand the information included in this acknowledgement.*

Printed Name

Signature

Date