Provider:	
Program:	
Contract No.:	



Print Supervisor Name

SECURITY AG	REEMENT FORM	
The Department of Children	and Families has authorized you:	
Employee's Nar	me/Organization	
to have access to sensitive data using computer-related me update, or any magnetic media).	edia (e.g., printed reports, microfiche, system	m inquiry, on-line
Computer crimes are a violation of the department's State committing computer crimes may result in Federal or State fe		mental discipline
I understand that a security violation may result in criminal pstatutes and may also result in disciplinary action against me Employee Handbook.		
By my signature below, I acknowledge that I have received, reference The Computer Related Crimes Act, Chapter 815, F.S.	ead, understand and agree to be bound by t	he following:
 Sections 7213, 7213A, and 7431 of the Internal Revenue Counauthorized inspection or disclosure of Federal tax day 		es for
 6103(I)(7) of the Internal Revenue Code, which provides cor CFOP 50-2. 	nfidentiality and disclosure of returns and ret	turn information.
 It is the policy of the Department of Children and Families the information or FDLE information, unless approved in we as authorized by regulation and/or statute. 		
• It is the policy of the Department of Children and Families th	nat I do not disclose personal passwords.	
 It is the policy of the Department of Children and Families th personal use. 	at I do not obtain information for my own or	another person's
 I will only access or view information or data for which I am when performing my duties. I shall maintain the integrit "Casual viewing" of employee or client data, even data that 	y of all confidential and sensitive information is not confidential or otherwise exempt from	accessed.
public record, constitutes misuse of access and is not a	•	
 The Department of Children and Families will perform regula Chapter 119.0712, Florida Statutes, and the Driver Privacy 	•	Jess.
PRIVACY ACT STATEMENT: Disclosure of your social secur access to department systems. It is requested, however, purs Data and Information Technology Resources Act. The Depart	rity number is voluntary, but must be provide suant to Section 282.318, Florida Statutes, th tment requests social security numbers to er	ne Security of nsure secure
access to data systems, prevent unauthorized access to conf Department, and provide a unique identifier in our systems.	idential and sensitive information collected a	and stored by the
Print Employee Name Signa	ature of Employee Date	Date

CF 114, PDF 04/2009 Distribution of Copies: Original – Personnel File/Contract File; Copy – Employee

Signature of Supervisor Date

Date