PROTECTING PERSONAL & CONFIDENTIAL INFORMATION POLICY

POLICY NUMBER: 3002

REVISION EFFECTIVE DATE: JULY 1, 2015

SUPERSEDES: Protecting Personal & Confidential information Policy #005, Revision 2, released October 16, 2014

PURPOSE

The purpose of this policy is to communicate requirements for the security of personal and confidential information Workforce Innovation and Opportunity Act (WIOA) service providers, including WorkForce Central (WFC), receive from individuals applying for or receiving services as participants through the WIOA or other funding sources.

BACKGROUND

As WIOA or other funded services are provided through a customer-centered case management system, staff obtain personal and confidential information from individuals to the extent allowed by state and federal law in order to facilitate an individual's access to services. This confidential information may be shared among the partner agencies of the WorkSource system.

In accordance with federal and state law, individuals applying for WIOA or other funded services must be provided an opportunity to submit written authorization allowing the service provider to share their personal and confidential information and records. Each individual must also be informed that they can request their personal and confidential information not be shared among the partner agencies of the WorkSource system and this request does not affect their eligibility for services [RCW 50.13.060(11)].

If an individual declines to share their personal and confidential information and is eligible for and receives services, a pseudonym will be used in SKIES to document the participant's program services.

POLICY

It is the policy of WFC to protect and safeguard personal and confidential information provided by individuals seeking WIOA or other funded services. Individuals seeking services must be informed, in writing via the Authorization to Share Confidential Information and Records form (copy attached to this policy), that their personal and confidential information:

- May be shared among the WorkSource partner staff and subcontractors;
- Is used only for the purpose of delivering services and that further disclosure of their confidential information is prohibited; or
- Will not be shared among the partners of the WorkSource system if the individual declines to share their confidential information and the decline to share will not impact their eligibility for services.
Whether written or oral and regardless of format, staff must maintain confidentiality of the following:

- Information that was created or received by a healthcare provider, health plan, employer or healthcare clearinghouse. This includes any case notes, chart entries, or treatment notes that relate to health information.

- Information that is related to an individuals’ physical or mental health or medical condition in the past, present or future; healthcare provided or to be provided to an individual; or payment for healthcare provided to an individual in the past, present or future.

- Information that identifies an individual, employee or participant.

The misuse or unauthorized release of personal and confidential information or records by any WIOA service provider and WFC staff may be subject to a civil penalty of $5,000 and other applicable sanctions under state and federal law [RCW 50.13.060(13)].

PROCEDURES

- Every individual receiving WIOA or other services must read, sign and date the "Authorization to Share Confidential Information and Records" form (copy attached).

- Every individual receiving WIOA or other services must be informed of their right to not share their personal and confidential information and that this request does not affect their eligibility for WIOA services.

- **Medical and Disability Information:** Personal and confidential information that contains health information related to a physical or mental disability, medical diagnosis or perception of a disability related to the individual must be kept in a separate locked file and apart from working files.

Any medical information contained in case notes must be redacted from the participant file; the original notes must be placed in the participant’s medical file.

To minimize the need for staff to access a medical file, only the portion of the participant’s information that reveals the presence of a disability should be included in the medical file.

Access to the medical files:

- Must be limited and should only be accessed with the approval of program management and when such access is necessary to facilitate a WIOA participant’s access to services or to support an ongoing service plan; or

- First aid and safety personnel may be provided participant medical information in the event of an emergency; or

- Local, state or federal monitors in compliance with 29 CFR Part 32.44(c) and 29 CFR Part 38.60 may have access to medical files for monitoring purposes.

When all services, including follow-up services, are complete and the participant file is ready to be archived, participant medical and disability-related information that had been previously filed away from the active file must be placed in a sealed envelope and marked "Medical and Disability Information" and secured in the participant file.

- Archive boxes must be clearly marked as containing personal and confidential information.
- Staff should avoid communicating personal and confidential information about an applicant/participant to partner agencies of the WorkSource system via email. If it is absolutely necessary, staff must ensure that the recipient is the only person who has access to the information and that the recipient understands they also must protect the information. Further, participant information must only be communicated through agency approved email addresses and not through third party or personal email addresses such as Hotmail, Yahoo, etc.

- Social security numbers may not be delivered through email. Staff should discourage participants from emailing personal and confidential information, such as social security numbers to the case managers. However, in the event a staff person receives participant confidential information via email, the case manager should immediately delete the email and subsequently delete the email from the “Deleted Items” folder in Outlook.

- Staff should be discreet when verbally communicating personal and confidential information and ensure the receiver(s) are authorized to receive the information.

- Staff must not leave personal and confidential information lying out in the open and unattended (e.g., copies or print jobs left unattended on the copy machine or printers). Personal and confidential information must be stored in a secure location when not in use or shredded if no longer necessary. Personal and confidential information should not be tossed in the regular trash or recycle bins.

- It is the responsibility of users and visitors to any WFC social media site to read and understand the WFC External Social Media Policy linked to that site, which includes a Privacy Policy and Disclaimer. Any information posted to the WFC social media sites are public records and subject to public disclosure under the Public Records Act (RCW 42.56).

**DEFINITIONS**

**Personal and Confidential Information** - includes but is not limited to an individual’s: name address; telephone number; email address; social security number; date of birth; age educational records as described in the Family Educational Rights and Privacy Act of 1974, 20 USC 1232q(a)(4); gender; race/ethnicity; employment history (e.g.: employer name, wages, work hours, etc.); financial information (such as household income and student financial aid information, including award status and amounts); and eligibility for special programs (e.g., disability, veteran, dislocated worker, economically disadvantaged, youth, public assistance, food stamps, or unemployment insurance programs).

**REFERENCES**

- Proposed 20 CFR 680.110 (page 20852)
- 2 CFR 200.303(e) (page 78925) – Office of Management and Budget Uniform Administrative Requirements
- RCW 42.56 - Public Records Act
- RCW 50.13 - Records and Information-Privacy and Confidentiality
- Executive Order 00-03 – Public Records Privacy Protections
- TEGL 39-11 - Guidance on Handling and Protection of Personally Identifiable Information
- ESD WIN 0023 - Management of Medical and Disability Related Information
ATTACHMENT

- Authorization to Share Confidential Information and Records Form

INQUIRIES

Direct Inquires To:
WorkForce Central
3650 South Cedar Street
Tacoma, WA 98409-6714
(253) 472-8094 or 1-800-999-8168

APPROVED

[Signature]
Linda Nguyen, WFC CEO

Date: 2/19/15

APPROVED BY WDC

Date: N/A: Minor changes only:
WIA to WIOA references updated

EQUAL OPPORTUNITY - EQUAL ACCESS

WorkForce Central is an equal opportunity employer and provider of employment and training services.
Free auxiliary aids and services are available upon request for individuals with disabilities. Washington Relay Service – 711.
AUTHORIZATION TO SHARE CONFIDENTIAL INFORMATION AND RECORDS

PURPOSE OF THIS FORM

The purpose of this form is to obtain your permission to share your confidential information and records, including your social security number, among the partner agencies of the WorkSource system. By sharing your confidential information and records, the partner agencies of the WorkSource system will be able to better assist you in identifying and accessing employment, training, and educational services.

PLEASE READ THE FOLLOWING CAREFULLY

I understand that the partner agencies of the WorkSource system are requesting my permission to share my confidential information and records in order to facilitate access to programs under the United States Workforce Innovation and Opportunity Act (WIOA), Public Law 113-128, July 22, 2014.

I understand that I am not required to give permission to share my confidential information and records, including my social security number, among the partner agencies of the WorkSource system.

I understand that if I agree to share my confidential information and records, including my social security number, the information will be shared solely with members of the partner agencies of the WorkSource system and for the sole purposes of enabling members of the WorkSource system to provide me employment and training services.

I understand that if I do not agree to share my confidential information and records, that information, and those records, will only be shared to the extent allowed by Federal and state law.

I understand that my eligibility to participate in WorkSource programs does not depend on my agreement to share my confidential information and records including my social security number. In fact, if I request that private and confidential information not be shared among the partner agencies of the WorkSource system, my eligibility for services will not be affected. [RCW 50.13.060(11)].

I understand that my confidential information and records may contain information regarding medical diagnosis or treatment for drug or alcohol abuse (42 CFR, Part 2).

☐ I consent and agree to share my records:

I, (Print Name) __________________________ hereby consent and agree that the partner agencies of the WorkSource system may share my confidential information and records including, but not limited to my: name; address; telephone number; email address; social security number; date of birth; age; educational records, as described in the Family Educational Rights and Privacy Act of 1974, 20 USC 1232g; gender; race/ethnicity; employment history (e.g.: employer name, wages, work hours, etc.); financial information (such as household income and student financial aid information, including award status and amounts); and my eligibility for special programs (e.g.: disability, veteran, dislocated worker, economically disadvantaged, public assistance, food stamps, or unemployment insurance programs).

Or,

☐ I do not consent to share my records:

I, (Print Name) __________________________ do not agree to share my confidential information and records with the partner agencies of the WorkSource system.

Signature __________________________ Date ________________ Date of Birth ________________

WorkForce Central is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request for individuals with disabilities. Washington Relay Service – 711.

*Signed copy must be placed in participant file at the time of enrollment into the WIOA Program.
Effective July 1, 2015