



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Benefits

**THE DEPARTMENT OF SOCIAL SERVICES AND DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGREEMENT TO SAFEGUARD CONFIDENTIAL DATA**

I, _____, acknowledge that I have access to confidential data maintained by the Department of Health and Human Services in one or more of the following programs:

- **Medicaid**
- **Temporary Assistance to Needy Families (TANF)**
- **Supplemental Nutrition Assistance Program (SNAP)**
- **Supplemental State Payments**

I agree that I will obtain, use, or disclose such data only in connection with the performance of my official duties and solely for authorized purposes, including:

- **Administering Benefits for Programs stated above.**

I agree to maintain the confidentiality of Federal tax returns and return information in accordance with the provisions of the Internal Revenue Code (26 USC s.6103).

I understand that failure to safeguard confidential data may result in the imposition of penalties, including fines up to \$5000, costs of prosecution, dismissal from office, discharge from employment, and imprisonment for up to 5 years (42 USC s.653 (1); 26 USC ss.7213, 7213A, 7431, 5 USC s.552a (i)).

If I observe any conditions that could cause said information to be compromised in any way, I understand that it is my responsibility to take action to safeguard Human Services data and report the incident to my manager.

I agree that my obligation to safeguard the confidentiality of Federal Tax Information (FTI) data shall survive the termination of my employment with Department of Social Services or Department of Health and Human Services.

ACKNOWLEDGES AND WITNESSED:

(Employee) (Date)

(Supervisor/Witness) (Date)