

State of Vermont Agency of Human Services

Contractor/Partner Organization Attestation Form for Social Security Administration Data Protection Protocol

This document is designed to make you, the user of Social Security Administration (SSA) data and Personally Identifiable Information (PII) aware of the necessary security and protocols surrounding such data. Please read this entire document and sign the last page attesting that you have read and understand the content and information contained herein, and return to your Director/Supervisor for archiving.

What is SSA/PII Information?

- Information which can be used to distinguish or trace an individual's identity, such as their name, SSN, etc. alone or when combined with other personal or identifying information which is linked or linkable to a specific individual.

SSA Data and PII

- Name
- Social Security Number (SSN)
- Date of Birth (DOB)
- Place of Birth
- Mother's Maiden Name
- Address
- Email Address
- Bank Account Information
- Benefit Payment Information

User Roles and Responsibilities

- Collect, use, and disclose PII for legitimate business needs only
- Disclose only the minimum amount of information
- Access information only for authorized purposes
- Follow standards to safeguard PII throughout the information cycle
- Report suspected privacy violations, breaches or incidents (see Incident Reporting below)
- Comply with all applicable laws

Possible Consequences of Unauthorized Disclosure

- Employee discipline
- Fines
- Criminal charges

What is a Security Incident?

The loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar terms referring to situations where persons other than authorized users and for any other than authorized purpose have access or potential access to personally identifiable information whether physical or electronic.

Incident Reporting

Complete incident reporting policy, located on the AHS Internet policy page, must be reviewed at <http://humanservices.vermont.gov/policy-legislation/policies/05-information-technology-and-electronic-communications-policies/5-05-incident-response/view>

If you experience or suspect a breach or loss of PII or a security incident, which includes SSA provided information, you must immediately e-mail the Incident Reporting Form (<http://humanservices.vermont.gov/social-security-administration-data-protection-protocol-and-agreements/pii-loss-worksheet.pdf/view>) to the designated State official or delegate at AHS.PrivacyandSecurity@vermont.gov

I attest that I have read and understand the importance of protecting SSA information and that:

1. I have reviewed the Incident Reporting policy and will immediately report a suspected data breach, loss of PII, or a security incident
2. I will not release or disclose any SSA information to any unauthorized person, agency or entity. I understand that unauthorized disclosure of SSA information may lead to civil penalties and/or criminal prosecution under Federal law (i.e., the Privacy Act of 1974, 5 U.S.C. 552a; SSA’s regulations at 20 C.F.R. Part 401; the Social Security Act, 42 U.S.C. 1306(a); and 5 U.S.C. Section 552(i)).

Employee Name (Print)

_____	_____	_____	_____
Employee	Signature	Date	Email Address

Organization Name

A signed copy of this form must be retained, by Partner Organization, for 7 years, and presented upon request.