

APPENIDX A

Non-Disclosure Agreement

This non-disclosure (confidentiality) agreement is entered into by the Tribal Child Support Enforcement Program (TCSEP) and the TCSEP employee who has signed below (the participants). This agreement is effective from the date of the signature and shall govern conduct of the TCSEP employee during work hours and outside of work hours.

1. By signing this agreement, the participants understand the importance of maintaining confidential information and recognize the legal consequences for failing to adhere to the guidelines set forth in this agreement.
2. Confidentiality means that the employee shall not discuss, divulge, disseminate, or communicate any identifying information concerning the participants to a Child Support case. Identifying information includes but is not limited to, date of birth, social security number, or street address.
3. The participants to this Agreement understand that if the employee does not keep TCSEP case information confidential, s/he are subject to discipline actions, up to and including termination of employment with the TCSEP. We also understand that breach of confidentiality may result in civil liability.
4. The employee agrees to excuse him or herself, or to be excused by the TCSEP Project Director or by the TCSEP Project Administrator, from meetings concerning cases involving any member of the employee’s family (including in-law relations, an associate, or co-worker), or where there would be an actual or perceived conflict of interest.
5. The obligation to maintain confidentiality is indefinite.
6. The employee has read, understands, and agrees to abide by all of the terms of this agreement as a condition of employment with TCSEP. The employee further acknowledges that s/he was allowed a reasonable period of time within which to consider this Agreement, that s/he has considered this Agreement to the full extent desired by the employee, and that s/he freely enters into and accepts the terms and conditions of this Agreement, understanding fully all such terms and conditions.

TCSEP Employee _____
Date

TCSEP Project Director _____
Date

TCSEP Project Administrator _____
Date

SUBSCRIBED and SWORN to before me _____ this day of _____, 20_____.

NOTARY

Notary Public for the State of: _____.

STAMP

Residing at: _____.

My commission expires: _____.