

Santa Clara County Social Services Agency Online Privacy and Security Training Disclosure Agreement

Please Print

Under the penalty of perjury, this document certifies that I,

Last Name: _____ First Name: _____

Physical Work Address: _____

Work Telephone Number: _____

Email Address: _____

I am an employee or representative of (Name of Organization):

Organization Address (if different from above Work Address):

I have completed the Social Services Online Privacy and Security Training as required by the County of Santa Clara. And will comply with the information set forth in said training.

By signing this form, I further understand my civil liability, that in addition to being guilty of a misdemeanor, a person responsible for unauthorized, negligent disclosure of confidential information may expose himself to civil liability and the client who is damaged by such a disclosure may bring suit against the person.

Date Successfully Completed Training: _____ Last 4 digits of SSN
or 4 digit PIN: _____

Location: <https://360.articulate.com/review/content/62779dfa-3d24-4637-bff8-dfaeca3df3be/review>

I understand that I must complete this training annually as required, and that my access to programs supported by Santa Clara County Social Services Agency CalWIN Application Triage and Support (CATS) will be terminated in one year from the date of successful completion of training if I do not comply.

Signature: _____ Title: _____

Date: _____

FOR COUNTY USE ONLY

Received by: _____

Date Received: _____