

ATTACHMENT VII
DEPARTMENT OF ELDER AFFAIRS
ATTESTATION OF COMPLIANCE – CLEARINGHOUSE AGENCY SECURITY
POLICY

ALL DEPARTMENT OF ELDER AFFAIRS AND AAA USERS ONLY are required to annually submit this form attesting to compliance with the provisions of the Background Screening Provider User Registration Agreement and chapter 435, Florida

Each person with access to the Care Provider Background Screening Clearinghouse must abide by the following:

- I will not disclose or lend my USER ID AND/OR PASSWORD to anyone. They are for my use only and will serve as my "electronic signature." This means that I may be held responsible for the consequences of unauthorized or illegal transactions.
- I will not browse or use this information for unauthorized or illegal purposes.
- I will not make any disclosure of this data that is not specifically authorized.
- I will not intentionally cause corruption or disruption of these files.

If I become aware of any violation of these security requirements or suspect that someone may have used my User ID or Password, I will immediately report that information to the Department of Elder Affairs (DOEA) Background Screening Coordinator at (850) 414-2093.

I understand that as a user of the Background Screening Program, I assert that I am authorized to submit electronic requests, retrieve screening results, and maintain employment status on behalf of the provider listed below.

By accessing this system, I agree to follow the Agency for Health Care Administration's policies regarding acceptable use and protection of confidential information. By submitting electronic requests, I am affirming that the information contained in the request is true and the results received will be used only for determining employment eligibility in accordance with the applicable Florida Statutes.

In accordance with section 435.11(1)(b), Florida Statutes, it is a misdemeanor of the first degree to use records information for purposes other than screening for employment or release records information to other persons for purposes other than screening for employment.

ATTESTATION

As an employee of: _____
(Name of Employer)

Located at: _____
Street address City State Zip Code

Under penalty of perjury, I, _____
(Name of Employee who has Signed the Provider User Registration Agreement)

hereby swear or affirm that I understand and that I am in compliance with the provisions of Background Screening Provider User Registration Agreement and chapter 435, Florida Statutes.

Signature of Employee

Date