Arkansas Employment Security Department
and
Arkansas Workforce Investment Board Issuance PY 04-23

From: Artee Williams, AESD Director
Sandra Winston, AWIB Executive Director

Date: June 01, 2005

Subject: Modification to Confidentiality Section of Arkansas Workforce Center Certification Criteria

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1. **Purpose:** To modify the Confidentiality Section of the Arkansas Workforce Center Certification Criteria.

2. **Background:** The current Confidentiality section of the Workforce Center Certification Criteria (p. 37) requires use of a paper client information release form. Arkansas Job Link allows clients to provide the release online through use of a security code known only to the individual. It also provides an AJL Security Form for staff accessing the system, reminding them of their confidentiality requirements. A proposed change was released for comment as AESD/AWIB Info. Memo PY 05-14, dated March 11, 2005.

3. **General Information:** Three related comments were received during the comment period, although they were not in direct response to the Info. Memo. The first was that a reference to older workers in the first bullet point under the second section needed to be corrected to refer to dislocated workers. That correction has been made.

   The second comment questioned the need for the guardian's and the case manager's signatures on the Authorization to Obtain Information form. We have deleted the requirement for the case manager's signature. Under the space for the guardian's signature we have added wording to require it only if the client is younger than age 18. In addition, we have changed the word "customer" to "client" to be consistent with other uses.

   The third comment questioned the need for the use of the Authorization to Obtain Information form. After consultation with Legal we have determined that we do need to obtain client consent for release of information. We are, however, continuing to explore whether the default setting in AJL can be set to check the box (authorize data sharing), with instructions to the client to "uncheck" the box if they do not want to share their information. We also are doing research to see if we can simplify and shorten the statement that clients are required to sign. If we are able to make those changes, we will release an amendment to this Issuance.

With these changes, the language in the Confidentiality section is modified to address these AJL features and also to add enforcement language.

The language is as follows.

> All partners agree to honor the attached Authorization to Obtain Information, which also is available to clients online in Arkansas JobLink. Exchanged information shall remain private and confidential in accordance with the terms of the Information Technology Resources policy in AJL and with the most restrictive confidentiality requirements of any of the partners collecting, receiving, or sharing information. Additionally, workforce center personnel and all partner staff accessing information must sign the AJL Security Form (attached) and recognize that client-counselor communications must be protected and the need for privacy accommodated. Managers are to keep the signed forms on file. All partners agree to enforce all partners' confidentiality requirements covered by this paragraph.

The referenced forms are available online in AJL but are attached here for quick access.

This modification to the language of the Confidentiality section will require modification to MOUs in existence in the local workforce investment area, if the MOU includes the specific form and/or wording used in the initial Certification document.

4. **Action Required:** Please replace page 37 in the Workforce Center Certification Criteria with the attached page 37 and include this change, as necessary, in the LWIA area MOUs.

5. **For Additional Information:** Contact Elroy Willoughby at elroy.willoughby@arkansas.gov or 501-317-1023.

6. **Expiration:** Continuing.

Duration

This Memorandum of Understanding shall remain in effect until terminated by the repeal of the Workforce Investment Act of 1998 (WIA), otherwise by action of law, or in accordance with this section.

Any partner may withdraw from this MOU by giving written notice of intent to withdraw at least 60 calendar days in advance of the effective withdrawal date.

The withdrawal of a partner shall not affect the cost to the remaining partners.

Withdrawal will in no way nullify the MOU for the other partners.

Notice shall be provided to all partners.

All partners may agree to the termination of this MOU in writing.

Any partner may request modification of its terms.

Ratification of the request by all other partners will constitute the modification in question.

Confidentiality

All partners agree to honor the attached Authorization to Obtain Information, which also is available to clients online in Arkansas JobLink. Exchanged information shall remain private and confidential in accordance with the terms of the Information Technology Resources policy in AJL and with the most restrictive confidentiality requirements of any of the partners collecting, receiving, or sharing information. Additionally, workforce center personnel and all partner staff accessing information must sign the AJL Security Form (attached) and recognize that client-counselor communications must be protected and the need for privacy accommodated. Managers are to keep the signed forms on file. All partners agree to enforce all partners' confidentiality requirements covered by this paragraph.

Nondiscrimination and Equal Opportunity Provisions

The partners of this agreement and respective staff assure that applicants, claimants, and participants of our Workforce Center programs shall not be discriminated against on the basis of race, color, religion, sex, national origin, age, disability, political affiliation, or belief. Furthermore, if applicants are receiving WIA program benefits or are participating in any WIA Title I financially-assisted program or activity (Section 188 of WIA and 29 CFR Part 37.20 identifies civil rights laws) as a lawfully admitted immigrant authorized to work in the United States, they shall not be discriminated against in any way.

The partners to this agreement will agree on a One-Stop Equal Opportunity Officer for the workforce area who will process complaints of discrimination and attempt to address same as prescribed by 29 CFR Part 37, "Implementation of the Nondiscrimination and Equal Opportunity Provisions of WIA."

The partners to this agreement will abide by 29 CFR Part: Section 188 of WIA, and implementing directive issued by the State of Arkansas.

Authorization to Obtain Information (Paper version)

In the course of providing employment assistance, other agencies/organizations may require access to your personal information. Please review and **initial the boxes by all that apply**:

☐ I authorize the Arkansas Workforce Centers to release and/or provide on a need-to-know basis, to one or more of the agencies listed below, that information which is reasonably necessary to accomplish the goals and objectives of my employment and training plan or self-sufficiency plan, unless the release or provision of such information is otherwise prohibited by law or regulation. I understand that the information is confidential and will be used only for the purposes stated on this form. I understand that those individuals that receive this information will hold it in the strictest confidence and will use it to better serve me. I understand copies of this signed release will serve as a valid authorization and the original signed document will be kept in my file. I understand that government records may be used to obtain this information.

I HEREBY authorize release of the following information to the Arkansas Workforce Centers, unless the release or provision of such information is otherwise prohibited by law or regulation:

☐ The Workforce Investment Act service provider may provide information regarding my participation in adult, youth or dislocated worker programs.

☐ The Department of Human Services may provide information regarding my participation in Transitional Employment Assistance (TEA) programs.

☐ The Division of Rehabilitation Services may provide information regarding my participation in Rehabilitation Services employment and training programs.

☐ The Employment Security Department may provide information related to unemployment insurance benefit information and my participation in Workforce Investment Act employment and training programs.

☐ The Department of Education and local school districts may provide records relating to my current and past education.

☐ The Department of Workforce Education and affiliated training providers may provide records relating to current and past education.

☐ The Department of Higher Education and affiliated educational institutions may provide records relating to current and past education.

☐ Private and career training institutions may provide records relating to current and past training and education.

☐ My current and past employers may provide information related to my employment.

As a condition to my authorization the Arkansas Workforce Centers System agrees to use the information obtained solely for purposes authorized by law and regulation including determining eligibility for employment and training programs, developing an appropriate employment or self-sufficiency plan, and helping me achieve my occupational goals. This authorization is valid until 18 months after the date of exit from my program of services. This authorization is valid for the purpose of obtaining information for program performance reporting and participant follow-up activities related to pre-participation and post exit employment and earnings and for the purpose of obtaining educational information relating to vocational certification. I understand that, as a condition of my receiving services, information collected by the Employment Security Department related to employer reported employment and wage records will be used for purposes of determining overall program performance in Arkansas and other states.

_____	_____	_____
Customer Signature	Customer Name	Date
_____	_____	_____
Parent/Guardian Signature (If client is under age 18)	Parent/Guardian Name	Date

Authorization to Obtain Information (Online version)

In the course of providing employment assistance, other agencies/organizations may require access to your personal information. Please review and check the boxes by all that apply:

☐ I authorize the Arkansas Workforce Centers to release and/or provide on a need-to-know basis, to one or more of the agencies listed below, that information which is reasonably necessary to accomplish the goals and objectives of my employment and training plan or self-sufficiency plan, unless the release or provision of such information is otherwise prohibited by law or regulation. I understand that the information is confidential and will be used only for the purposes stated on this form. I understand that those individuals that receive this information will hold it in the strictest confidence and will use it to better serve me. I understand copies of this signed release will serve as a valid authorization and the original signed document will be kept in my file. I understand that government records may be used to obtain this information.

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☐ The Division of Rehabilitation Services may provide information regarding my participation in Rehabilitation Services employment and training programs.

☐ The Employment Security Department may provide information related to unemployment insurance benefit information and my participation in Workforce Investment Act employment and training programs.

☐ The Department of Education and local school districts may provide records relating to my current and past education.

☐ The Department of Workforce Education and affiliated training providers may provide records relating to current and past education.

☐ The Department of Higher Education and affiliated educational institutions may provide records relating to current and past education.

☐ Private and career training institutions may provide records relating to current and past training and education.

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As authorization and verification of approval you must enter your user ID and password below:

* User ID _____ *Password _____

Information Technology Resources Agreement:

As a user of Information Technology Resources (ITR), I agree to abide by the statutes, rules and regulations governing the agency or organization of which I am an employee. I have read and understand the Information Technology Resource Agreement, below, and agree to abide by the provisions contained therein.

- I understand I may only use Information Technology Resources (ITR) for the specific functions for which I have been authorized and for official Arkansas Job Link or other agency business. I understand these resources are not to be used for personal use or personal gain by using personnel.
- I understand customer, employer, and employee information in the custody of Arkansas Job Link is confidential and may not be accessed, viewed, copied, printed, distributed, disclosed or otherwise manipulated unless it is needed to perform my official duties. If I am unsure whether a file or stored communication is covered by the Arkansas Freedom of Information Act, I will contact my supervisor or Arkansas Job Link customer support before taking any action.
- I am aware the Arkansas Job Link reserves and will exercise the right to review, monitor, audit, intercept, access and disclose Internet, E-mail or other ITR without prior notification or consent of creator, sender or receiver, and may share the findings with other third parties.
- I understand passwords are confidential, may not be written down, and are to be used only by myself. If I suspect anyone else has knowledge of my password, I will report it immediately to my supervisor, computer contact person or the security manager, and will change my password.
- I understand whenever I leave my computer, I must clear the screen and sign off. Failure to do so exposes the information to unauthorized users, and I may be held responsible for their actions.

I have read the Arkansas Job Link policy on Information Technology Resources, above, and agree to abide by it. I also understand any violation of this policy or this agreement may result in disciplinary action, up to and including discharge. Furthermore, I understand I may be subject to civil or criminal penalties if I fraudulently misuse Information Technology Resources of the Arkansas Job Link system.

Employee Signature	Employee Printed Name
Date	Agency or Organization
Phone	Supervisor Signature