



Tulsa Area Workforce Development Board, Inc.

Proudly serving Creek, Osage, Pawnee and Tulsa Counties in Oklahoma

Personal Identification Information Policy

Board Approved: August 17, 2017

Oklahoma Works, a proud partner of the American Job Center Network
Workforce Tulsa is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.
This presentation was financed in whole or part by funds from the US Department of Labor as administered by the Oklahoma Office of Workforce Development.
TDD/TTY: 1-800-722-0353; Voice: 1-800-522-8506

Personal Identification Information Policy – TU2017-082017

Personal Identification Information (PII) Policy Changes Overview

Most Recent Policy Changes:

Board Approval: 08 17 2017
Executive Committee Approval: 08 10 2017
Oversight Committee Approval: 07 31 2017

Reason: To set standards for protecting and sharing participant personal identification information.

Tulsa Area Workforce Development Area

Personal Identification Information Policy

Board Approval: 08 17 2017

I. Purpose:

The purpose of this policy is to communicate requirements for the security of personal and confidential information received from individuals applying for or receiving services through the Tulsa Workforce One-Stop System.

II. Authority:

20 CFR 680.110; 2 CFR 200.303(e); Training and Employment Letter (TEGL) 39-11 Guidance on Handling and Protection of Personally Identifiable Information; 34 CFR 361.38.

III. Background:

As WIOA or other funded services are provided through a customer-centered case management system, staff obtain personal and confidential information from individuals to the extent allowed by state and federal law in order to determine an individual's eligibility for services. In accordance with federal and state law, individuals applying for WIOA or other funded services must be provided an opportunity to submit written authorization allowing the service provider and/or partner agency to share their personal and confidential information and records. Each individual must also be informed that they can request their personal and confidential information not be shared among the partner agencies of the Tulsa Workforce One-Stop System and this request shall not affect their eligibility for services.

IV. Definitions:

Personal and Confidential Information - includes but is not limited to an individual's name; address; telephone number; email address; social security number; date of birth; age; educational records as described in the Family Educational Rights and Privacy Act of 1974, 20 USC 1232g(a)(4); gender; race/ethnicity; employment history (e.g.: employer name, wages, work hours, etc.); financial information (such as household income and student financial aid information, including award status and amounts); and eligibility for special programs (e.g., disability, veteran, dislocated worker, economically disadvantaged, youth, public assistance, food stamps, or unemployment insurance programs).

V. Local Policy:

It is the policy of Workforce Tulsa to protect and safeguard personal and confidential information provided by individuals seeking WIOA or other funded services. Individuals seeking services must be informed in writing via the Authorization of Release and Obtain Information form (Attachment A) that their personal and confidential information:

- May be shared among the Workforce Tulsa partner staff and subcontractors;
- Is used only for the purpose of delivering services and that further disclosure of their confidential information is prohibited; and
- Will not be shared among the partners of the Workforce Tulsa system if the individual declines to share their confidential information and the decline to share will not impact their eligibility for WIOA services.

Whether written or oral and regardless of format, staff must maintain confidentiality of the following:

- Information that was created or received by a healthcare provider, health plan, employer or healthcare clearinghouse.
- Information that is related to an individual's physical or mental health or medical condition in the past, present or future; healthcare provided or to be provided to an individual; or payment for healthcare provided to an individual in the past, present, or future.

- Information that identifies an individual, employee or participant.

The misuse or unauthorized release of personal and confidential information or records may be subject to a civil penalty.

A. Procedures

1. Every individual receiving WIOA or other services must read, sign, and date the Authorization of Release and Obtain Information form and the form shall be uploaded per state or local policy.
2. Every individual receiving WIOA or other services must be informed of their right to not share their personal and confidential information and that this request does not affect their eligibility for WIOA services.
3. Staff should avoid communicating personal and confidential information about an applicant/participant to partner agencies of the Workforce One-stop System via email. If it is absolutely necessary, staff must ensure that the recipient is the only person who has access to the information and that the recipient understands they also must protect the information. Further, participant information must only be communicated through agency approved email addresses and not through third party or personal email addresses such as Hotmail, Yahoo, Gmail, etc.
4. Social security numbers may not be delivered through email. Staff should discourage participants from emailing personal and confidential information, such as social security numbers to their case managers. However, in the event a staff person receives participant confidential information via email, the case manager should immediately delete the email and subsequently delete the email from the "Deleted Items" folder in Outlook.
5. Staff should be discreet when verbally communicating personal and confidential information and ensure the receiver(s) are authorized to receive the information.
6. Staff must not leave personal and confidential information lying out in the open and unattended (e.g., copies or print jobs left unattended on the copy machine or printers).
7. Personal and confidential information must be stored in a secure location when not in use or shredded if no longer necessary. Personal and confidential information should not be tossed in the regular trash or recycle bins.

VI. Compliance:

All records may be reviewed for monitoring purposes.

VII. Attachments

- A. Attachment A: Authorization of Release and Obtain Information form



Authorization to Obtain and Release Personal Identification Information

I hereby authorize Workforce Tulsa and/or its contracted staff to obtain any information necessary to facilitate my participation in the Workforce Innovation and Opportunity Act (WIOA) Programs. I understand information regarding my previous and future employment, family income, public assistance receipt, educational status, and other confidential information may be collected and utilized for statistical purposes, eligibility determination, and/or developing an appropriate employment/education plan.

In order to streamline information between agencies and to better serve me, my personal information may be shared with prospective employers, educational institutions, social service agencies, and/or workforce development partner agencies. A photocopy of this consent for sharing of information is considered valid.

I understand I may cancel my consent at any time by delivering a written notice of my consent cancellation to my Career Advisor.

- I consent and agree to share my records.

I, _____(Print Name) hereby consent and agree that the partner agencies of the Tulsa Workforce One-Stop System may share my confidential information and records including, but not limited to my name; address; telephone number; email address; social security number; date of birth; age; educational records, as described in the Family Educational Rights and Privacy Act of 1974, 20 USC 1232g; gender; race/ethnicity; employment history (e.g employer name, wages, work hours, etc.); financial information (such as household income and student financial aid information, including award status and amounts); and my eligibility for special programs (e.g.: disability, veteran, dislocated worker, economically disadvantaged, public assistance, food stamps, or unemployment insurance programs).

Or,

- I do not consent to share my records.

I, _____(Print Name) **do not agree** to share my confidential information and records with the partner agencies of the Workforce Tulsa One-Stop System.

Participant Signature

Date

Guardian Signature, if applicable

Date

One-Stop Staff Signature

Date

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