

## **OAG Annual Employee Confidentiality Acknowledgement and Certification**

Consistent with the requirements of the [Insert Name of Agreement] between the Pennsylvania Office of Attorney General and [Insert Name of PCA], the Commonwealth of Pennsylvania places delinquent claims owed to the Commonwealth of Pennsylvania and its agencies, boards, commissions, other component parts and arms of the Commonwealth for the provision of receivables management professional services. The [Insert Name of Agreement] requires that [Insert Name of PCA] provide all professional services in full compliance with all applicable law. Applicable law requires that [Insert Name of PCA] ensure that all non-public personally identifying information (“NPPI”<sup>1</sup>) about residents of the Commonwealth of Pennsylvania provided to [Insert Name of PCA] pursuant to the requirements of the [Insert Name of Agreement] be safeguarded, protected from dissemination and publication to third parties, and not be used for any purposes inconsistent with the requirements of the [Insert Name of Agreement] and applicable law. Additionally, [Insert Name of PCA], is required under the [Insert Name of Agreement] to train its employees on no less than an annual basis on the requirements, policies, procedures, and safeguards for protecting the NPPI as part of the [Insert Name of PCA] compliance management system and compliance training program.

The unauthorized use, misuse, disclosure, or breach of confidentiality of NPPI about residents of the Commonwealth of Pennsylvania that may be provided to [Insert Name of PCA] pursuant to the [Insert Name of Agreement] constitutes a breach of the requirements of the [Insert Name of Agreement] and may subject [Insert Name of PCA] and any of its employees involved to damages, debarment, civil and criminal enforcement action, fines, and penalties.

I, [Insert PCA Employee Name and PCA Employee Identifier], hereby acknowledge the legal requirements arising under the [Insert Name of Agreement] and applicable law governing my access to, use of, and destruction of any NPPI about the residents of the Commonwealth of Pennsylvania that I may learn, access, or use during my employment with [Insert Name of PCA] and thereafter. I acknowledge that any misuse or disclosure of the NPPI may subject me to disciplinary action by [Insert Name of PCA] including up to termination, civil damages, penalties, and possibly criminal prosecution.

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<sup>1</sup> Pennsylvania law generally defines NPPI as a person’s name, combined with a social security number, driver’s license number, state ID, credit card, or financial account number.

SIGNED: \_\_\_\_\_ Dated: \_\_\_\_\_

[Insert PCA Employee Name and PCA Employee Identifier]

**Annual Employee Certification**

I, [Insert PCA Employee Name and PCA Employee Identifier], hereby certify that I have been trained and made aware of all of the legal requirements arising under the [Insert Name of Agreement] and applicable law governing my access to, use of, and destruction of any NPPI about the residents of the Commonwealth of Pennsylvania that I may learn, access, or use during my employment with [Insert Name of PCA] and thereafter. I further certify that I will only utilize any NPPI I am provided or access during the term of my employment with [Insert Name of PCA] and thereafter in full compliance with all applicable law and the requirements of the [Insert Name of Agreement].

SIGNED: \_\_\_\_\_ Dated: \_\_\_\_\_

[Insert PCA Employee Name and PCA Employee Identifier]