



HOUSING AUTHORITY OF THE CITY OF CHARLESTON

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Donald J. Cameron, SPHM - Chief Executive Officer

SENSITIVE INFORMATION POLICY IDENTITY THEFT PREVENTION PROGRAM

CONFIDENTIALITY AGREEMENT FOR WORKFORCE MEMBERS WHO ARE CONSULTANTS, CONTRACTORS OR VENDORS

Job Name: _____ Job Number: _____

I understand that I require information to perform my duties at The Housing Authority of the City of Charleston by which I am engaged or for which I am performing services. This information may include, but is not limited to, information on clients, employees, other workforce members, and financial and business operations. Some of this information is made confidential by law (i.e. GLBA Information made confidential by law, Safeguards Rule, FACTA including Red Flags Rules, etc.). Confidential information may be in any form, e.g. written, electronic, oral, overheard or observed. I also understand that access to all confidential information is granted on a need-to-know basis. A need to know basis is defined as information access that is required in order to perform assigned contractual obligations.

I will not disclose confidential information to clients, friends, relatives, co-workers or anyone else except as permitted by the President / Chief Executive Officer and applicable law and as required in performing my work as a consultant, contractor or vendor for The Housing Authority of the City of Charleston and will protect the confidentiality of all confidential information while performing work related activities.

All confidential information remains the property of The Housing Authority of the City of Charleston and may not be removed or kept by me upon termination of our contractual relationship. If I violate this agreement, I may be subject to adverse action up to and including termination of my ability to work at or on behalf of The Housing Authority of the City of Charleston. In addition, under applicable law, I may be subject to criminal and/or civil penalties.

I have read and understand the above and agree to be bound by its conditions and understandings.

Name of Company Representative

Title

Signature

Date