

Confidentiality Policy

Purpose

To define and communicate the New River/Mount Rogers Workforce Investment Area Consortium Board's commitment to protect the confidentiality of Workforce Investment Act customers.

Policy

It is the policy of the New River/Mount Rogers Workforce Investment Area Consortium Board to protect the confidentiality of all Workforce Investment Act customer information.

Maintenance and Release of Data: Program Operators must collect data in order to document eligibility and provide services for Workforce Investment Act programs. The New River/Mount Rogers Workforce Investment Area Consortium Board, Program Operators, and subcontractors will make every effort to collect and store data in a manner that ensures it will not be accessible to anyone without authorized access. Data collected will only be used to document eligibility or provide a WIA service. Any other use of customer data will require written consent from the customer or customer's parent/legal guardian. Upon request, data can be released to the subject of the information.

Access to Data: Upon request, Program Operators shall make available to the Virginia Community College System and its designated agents, as well as to government authorities and its designated agents, access to all documents and working papers. Access includes the right of designated agents to obtain copies of working documents, as is reasonable and necessary to determine compliance with and ensure enforcement of the provisions of the Workforce Investment Act.

Disclosure of Individual Identity: The identity of any individual who furnishes information relating to an investigation, compliance review, or customer satisfaction survey, including the identity of any individual who files a complaint, must be kept confidential to the extent possible, consistent with a fair determination of the issue. If it is deemed necessary to disclose an individual's identity, this individual must be protected from retaliation.

By signing below, I acknowledge that I have explained this policy to the WIA customer.

WIA Staff Signature: _____ Date: _____

By signing below, I acknowledge that I have read and understand this policy. WIA Staff have explained this policy and have answered any questions I may have had.

Client Signature: _____ Date: _____