

Supporting Youth and Children (SYNC) User Agreement

All employees, subcontractors, or other individuals under the control of an Accessing Agency¹ with an External Agency Agreement on Access to SYNC who will have access to SYNC shall sign the following Agreement:

I hereby certify that I am an employee, subcontractor, or other duly authorized individual under the control of a Child Welfare Provider ("Accessing Agency") licensed by the Wisconsin Department of Children and Families ("DCF").

I hereby certify that I have read and understand the External Agency Agreement on Access to SYNC signed by my employer, the Accessing Agency, and my responsibilities as an employee, subcontractor, or other individual under the control of the Accessing Agency.

I acknowledge that the information and documents transmitted through SYNC are confidential and may only be accessed by individuals who have a legal basis under state and federal confidentiality laws to access them. Information and documents in SYNC cannot be disclosed other than for the purposes of providing care for the child, participating in a permanency plan review concerning the child, or as otherwise permitted by law. State and federal confidentiality laws that may apply to information and documents in SYNC include but are not limited to Wisconsin Statutes Chapters 48 (including ss. 48.396, 48.78 and 48.981), 49, 51 (including s. 51.30), 118 (including s. 118.125), 146 (including s. 146.82), 252 (including s. 252.15) and 938 (including s. 938.396 and 938.78), 20 U.S.C. 1232, and 42 CFR Part 2.

I acknowledge that the information and documents contained in SYNC must be maintained in a manner that strictly prohibits access by the child, any other children in the care of the Accessing Agency, and any other party whose access to the information is prohibited. Some confidentiality laws provide penalties for improper access or disclosure, including fines and imprisonment.

I understand that the Department of Children and Families and/or any Dispensing Agency may maintain a record of any files or other information I may access, edit, or add in SYNC. I understand that DCF may, in its sole discretion, revoke my access to SYNC at any time and without notice.

I acknowledge that I must have a valid, work-related reason to access or review any record or part of a record within SYNC.

SYNC User Full Name (Type or Print)

SYNC User Title

Accessing Agency – SYNC User's Employer

SYNC User **SIGNATURE**

Date Signed (mm/dd/yyyy)

Distribution: The original shall be retained by the Accessing Agency's SYNC Designee and copies provided to the Department of Children and Families and the SYNC User.

¹ "Accessing Agency" means an agency, other than the Department of Children and Families or a County Department of Human / Social Services, which, by entering into an "External Agency Agreement on Access to SYNC" with a Custodial Agency, has access to SYNC for the purpose of viewing, adding, maintaining, or modifying information in SYNC.