



DEPARTMENT OF JUVENILE JUSTICE

MyFloridaMarketPlace Confidentiality Policy

PLEASE PRINT: _____, _____, _____
LAST NAME FIRST NAME People First ID #

1. I have read and understand the Confidential Information-MFMP policy, FDJJ 1415 regarding the rules limiting confidential information being input and attached to MFMP transactions.
2. I understand that if I discover any confidential information in the MFMP system that I should immediately report it to the agency MFMP Privacy Officer.
3. I understand that any questions or concerns I have regarding this confidentiality policy should be directed to either the agency HIPAA Compliance Office, the MFMP Privacy Officer or the General Counsels Office.

ACKNOWLEDGMENT

EMPLOYEES SIGNATURE

TITLE

Career Service

SMS or SES

OPS

Original: **Official Personnel File**
Copy: **Employee**