

## FamLink Access Application and Acknowledgement

As an Independent Living / Responsible Living Skills case worker for the \_\_\_\_\_ agency, I am applying for access to data in the DSHS Children's Administration (CA) Statewide Automated Child Welfare Information System (SACWIS), which is known as "FamLink."

I understand agree that:

1. I will have the ability to read, input and/or modify the Independent Living, Education and Person Management pages within the child welfare records contained in FamLink, that pertain to youth and young adults who have been identified as eligible for independent living services for the sole purpose of documenting the services provided the youth or young adult through my agency.
2. I will limit my access of information to child-specific cases which are assigned to me or my agency and to information that is necessary for providing Independent Living/National Youth in Transition (NYTD) services.
3. I will only access, use, or disclose data in FamLink as necessary to carry out my responsibilities as a DSHS service provider.
4. I will not divulge, transfer, sell, or otherwise make known to unauthorized persons any data contained in FamLink.
5. I understand that state law governs my access to, use of and disclosure of records contained in FamLink and I agree to abide by state law, namely RCW 13.50.010 and .100. I also understand that medical, mental health and substance abuse treatment records are protected from access or disclosure by both federal and state law, and I agree to abide by these laws.

I have been informed and understand that CA has the right, at any time, to monitor, audit and review all FamLink user activities with regard to access, use, and disclosure of information and that CA has the right to terminate my access to FamLink.

I certify that I have viewed and understand the "Confidentiality of Child Welfare Records" developed by Children's Administration.

SIGNATURE	DATE	PRINTED NAME
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