

# Kansas Department of Administration Social Security Number Protection Policy

## Purpose

The Kansas Department of Administration is committed to maintaining the privacy and confidentiality of social security numbers (SSNs). This policy governs the collection, storage, use and disclosure of SSN's and authorizes the creation of alternative methods of identification that will reduce the reliance on the SSNs.

## Objectives


1. Broader awareness of the confidential nature of the SSN and the risks associated with unauthorized disclosure.
2. Reduced collection of SSNs except where authorized or required by law.
3. Reduced use of SSN in records and information systems.
4. Elimination of inappropriate disclosure of SSNs.

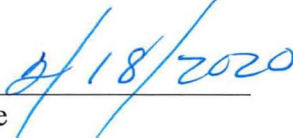
## Policy

Use of the SSN as an identifier will be discontinued, except where authorized for employment, IRS reporting, state and federal reporting requirements and a limited number of other business transactions. All Divisions shall work to develop alternate means of identification authorization processes.

If an employee discovers that a SSN has been inappropriately disclosed, it must be immediately reported to the Office Director.

Any unauthorized release of SSNs may result in disciplinary action up to and including termination of employment.

  
\_\_\_\_\_  
DeAngela Burns-Wallace, Secretary  
Department of Administration

  
\_\_\_\_\_  
Date

## Certification of Confidentiality

Social Security Numbers (SSNs) are highly confidential and legally-protected data. The Kansas Department of Administration is committed to protecting the privacy and legal rights of its employees and members of the public.

I understand that my access to SSNs maintained by the Department of Administration is limited to my need to know for the purpose of performing my duties.

I acknowledge that I have read and understand the following expectations.

1) I ensure that any information in my possession containing or potentially containing (SSNs) will not be released outside of the Department of Administration without first receiving express authorization from my Division Director.

2) I will take all reasonable measures to verify that all information that I send outside of the Department of Administration, including but not limited to, information posted on the internet, or mailed to third parties does not inadvertently include (SSNs).

3) If I discover that I was involved in the release of (SSNs), I will immediately report the matter to my Division Director.

4) If I discover or suspect that another Department of Administration employee has inappropriately released SSNs, I will immediately report the matter to my Division Director.

5) I understand that failure to comply with the above expectations may result in formal discipline, up to and including the termination of my employment.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_