Department of Veterans Affairs

DSS (Decision Support System) PRIVACY STATEMENT

I am aware of the regulations and facility automated information system (AIS) security policies designed to ensure the confidentiality of all sensitive information. I am aware that information about patients or employees is confidential and protected from unauthorized disclosure by law. Improper disclosure of information to anyone not authorized to receive it may result in criminal charges and a fine from $5,000 - $20,000 under the Privacy Act of 1974, Title 5 United States Code (U.S.C.) 552a, 38 U.S.C. Section 5701, Confidential Nature of Claims, and 38 U.S.C. Section 7332, Confidentiality of Certain Medical Records. I understand that my obligation to protect VA information does not end with either the termination of my access to national databases or with the termination of my government employment.

REMARKS	
NAME AND TITLE OF REQUESTOR--FIRST AND LAST *(Type or print)*	
COMPANY OR ORGANIZATION	
STREET ADDRESS	
STREET ADDRESS	
CITY, STATE, AND ZIP CODE	AREA CODE & TELEPHONE NUMBER
REQUESTOR'S SIGNATURE	DATE