

Privacy Policy Acknowledgment

Independent Contractor Onboarding Packet

Florida & Federal Requirement: As part of the Care Provider Background Screening Clearinghouse process, you must receive and acknowledge the FDLE and FBI Privacy Policies. This constitutes required written notice per Florida Statute and federal law.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT (FDLE) NOTICE

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

Your Social Security Number is needed to keep records accurate because other people may have the same name and birth date. If you believe your criminal history record is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. If national information is believed to be in error, contact the FBI at 304-625-2000.

FBI PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems.

Routine Uses: Your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974, including disclosures to employing governmental or authorized non-governmental agencies, local, state, tribal, or federal law enforcement agencies, criminal justice agencies, and agencies responsible for national security or public safety. (As of 03/30/2018)

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As a background screening applicant, you have the right to: (1) receive a written FBI Privacy Act Statement; (2) be advised of procedures to correct your FBI criminal history record; (3) complete or challenge the accuracy of your record; (4) receive reasonable time to correct your record before a hiring decision; (5) obtain a copy of your record; and (6) challenge accuracy at www.edo.cjis.gov.

ACKNOWLEDGMENT & SIGNATURE

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation. I understand and agree that I will read and comply with the guidelines contained in these privacy policies.

Printed Full Name: _____

Date: _____

Signature: _____

Title / Credential: _____