

## **CONFIDENTIALITY AGREEMENT FOR ACCESS TO ODYSSEY PORTAL\***

As part of my job duties, I require access to the Odyssey Portal (Portal) for Grant County Superior Court. The Portal may contain both public and confidential information from court cases that I will have access to as an employee of my agency or the attorney of record.

By signing this agreement, I affirm my understanding of my responsibilities and agree to the following:

1. I understand that the court case files and documents in Portal may contain confidential information contained in filings prior to the passage of Washington State Rules, General Rule (GR) 22, as well as public information.
2. I understand that I may access, read, or handle confidential information to the extent required in, and for the purpose of, performing my assigned duties if I am an officer of the court, an attorney of record, or an employee thereof.
3. I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any confidential information obtained from Portal while I am an employee of my agency or the attorney of record, in the course of my employment, or as an officer of the court.
  - a. I may divulge confidential information to judicial officers, authorized court employees, and authorized employees of my agency as necessary to perform my job duties.
  - b. I may divulge confidential information to others only if specifically authorized to do so by statute, court rule, judicial policy, or court order.
  - c. Maintaining confidentiality includes not discussing confidential information outside of the workplace, or outside of my usual work area.
  - d. After I leave the employment of my agency I may not divulge confidential information obtained during the course of my employment.
4. I agree to consult an appropriate person in my agency or the Grant County Clerk on any questions I may have concerning whether particular information may be disclosed.
5. I understand that sharing my Odyssey Portal user id and/or password is prohibited and may constitute a breach of confidentiality.
6. I understand that a breach of confidentiality may be grounds for termination of my Portal access.

7. I agree that documents or images of documents that I have access to through Portal may not be resold to others and will be used only to perform my official duties as an employee of my agency or office.
  
8. I agree to notify an appropriate person in my agency who will immediately notify Kimberly A. Allen, Grant County Clerk, should I become aware of an actual breach of confidentiality or a situation which could potentially result in a breach, whether this be on my part or on the part of another person.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Name of Employer or Law Office

### **Authorization for Access to the Odyssey Portal**

The person who signed above is authorized access to the Odyssey Portal for Grant County Superior Court.

\_\_\_\_\_  
Kimberly A. Allen, Grant County Clerk

\_\_\_\_\_  
Date

***\*SUBMIT WITH ODYSSEY PORTAL MASTER REGISTRATION FORM OR ODYSSEY PORTAL MODIFY MASTER REGISTRATION FORM.***