ATTACHMENT F

Confidentiality Agreement
And
Certificate of Non-Disclosure

State of New Jersey Department of the Treasury Division of Revenue

Billing and Related Services for the Non-Tax Debt Collection Program

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I, _____, with _____,
(Print or Type Full Name) **(Print Firm/Organization/Agency Name)**

acknowledge and understand that under the terms of the Federal Fair Debt Collection Practices Act (Title VIII) , and in accordance with the current contract for the collection services for the non-tax debt for the State of New Jersey, any personal information about an individual pertaining to his or her non-tax debt, supplied to or obtained for the billing and related services for the non-tax debt, is confidential in nature and may not be used for any purpose or be released to any party except in the performance of such billing and related services without prior written consent of the State of New Jersey Department of the Treasury Division of Revenue and/or the originating State of New Jersey entity.

I agree to keep confidential all personal information that I receive about an individual pertaining to his or her non-tax debt and will not disclose to a third party or use such information except as required in the performance of my job responsibilities to provide billing and related services for the non-tax debt.

I understand that misuse or disclosure by me of such personal information without prior written consent shall constitute a breach of confidentiality. I also understand that any violation of this agreement may result in criminal charges against me, which may result in a fine and/or imprisonment. I understand that violation of this agreement may also result in a civil action against me in Superior Court to include actual and punitive damages and payment of reasonable attorney and court fees. In addition, I understand and agree that breach of confidentiality may lead to the termination of my employment.

_____ _____
(Signature) **(Date)**