

**CRITICAL MEDICAL NEEDS PROGRAM  
CONFIDENTIALITY CERTIFICATION FORM**

I CERTIFY AND AFFIRM THAT:

I have received and/or have access to certain Confidential Information and Personally Identifiable Information (“Confidential Information”), which is the subject matter of the Critical Medical Needs Program between the State of Maryland, Department of Human Services Office of Home Energy Programs (“Department” or “State”) and \_\_\_\_\_ (“Navigator”), dated \_\_\_\_\_ (“Agreement”). (Name)  
(Date)

I shall not, without the State’s prior written consent, copy, disclose, publish, release, transfer, disseminate, use, or allow access for any purpose or in any form, any Confidential Information except for the sole and exclusive purpose of assisting with the processing of Critical Medical Needs Program applications through the Office of Home Energy Programs.

I further agree to hold the Confidential Information in trust and in strictest confidence, to adopt or establish operating procedures and physical security measures, and to take all other measures necessary to protect the Confidential Information from inadvertent release or disclosure to unauthorized third parties and to prevent all or any portion of the Confidential Information from falling into the public domain or into the possession of persons not bound to maintain the confidentiality of the Confidential Information.

I understand that any failure to abide by the terms and conditions of use of the Confidential Information may cause irreparable harm to the State and that monetary damages may be inadequate to compensate the State for such breach. Accordingly, I agree that the State may obtain an injunction to prevent the disclosure, copying or improper use of the Confidential Information, and hereby consent to personal jurisdiction in the Maryland State Courts. The State’s rights and remedies hereunder are cumulative, and the State expressly reserves any and all rights, remedies, claims and actions that it may have now or in the future to protect the Confidential Information and to seek damages for a failure to comply with the requirements of this Confidentiality Certification.

**I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS CERTIFICATION HAVING MADE DUE INQUIRY.**

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature of Navigator)

PRINTED NAME: \_\_\_\_\_