



United States
Department of
Agriculture

Risk
Management
Agency

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BULLETIN NO: MGR-RSD-08-004

**TO: All Approved Insurance Providers
All Risk Management Agency Field Offices
All Other Interested Parties**

**FROM: Eldon Gould /s/ Eldon Gould 3/18/2008
Administrator**

**SUBJECT: Comprehensive Information Management System (CIMS)
Non-Disclosure Statements**

BACKGROUND:

The Privacy Act requires agencies to establish appropriate administrative, technical, and physical safeguards to ensure the security of records and to protect against any anticipated threats or hazards to their security that could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual about whom information is maintained.

The Comprehensive Information Management System (CIMS) was developed in accordance with section 10706 of the Farm Security and Rural Investment Act of 2002. CIMS will provide Risk Management Agency (RMA), Farm Service Agency (FSA), and approved insurance providers (AIPs) electronic access to a centralized source of common information, i.e., producer name, address, acreage, share and other key planting information. This access will enable users of CIMS information to reduce costs associated with data collection, identify data inconsistencies, and reporting errors. Developed applications provide RMA, FSA, and AIPs electronic access to approved CIMS information.

CIMS will allow an AIP electronic access to FSA information for their insured producers greatly reducing the FSA resources required to provide certain data and information used in crop insurance claim servicing. CIMS can reduce the reporting burdens on producers, RMA, FSA, and AIPs with the delivery of USDA programs.

ACTION:

To establish appropriate administrative safeguards for personally identifiable information, such as that contained in CIMS, RMA is requiring the execution of non-disclosure statements by all persons having access to such information. Consequently, RMA has developed two Privacy Act non-disclosure statements, one for AIPs and one for employees or contractors.



The Risk Management Agency Administers
And Oversees All Programs Authorized Under
The Federal Crop Insurance Corporation

An Equal Opportunity Employer

The AIP non-disclosure statement must be signed by the officer of each AIP who signs the Standard Reinsurance Agreement or, if authority has been delegated in the Plan of Operations, his or her designee. The signed statement must be submitted to the Director, Reinsurance Services Division by close of business April 1, 2008.

AIPs will not be granted access to CIMS until the non-disclosure statement has been signed and returned to RMA.

Each AIP must also ensure that all of its agents and loss adjusters, whether employed or contracted by the AIP, sign the Employee and Contractor non-disclosure statement. The AIP must retain all signed statements on file at the AIPs headquarters. AIPs must not distribute CIMS data to agents and/or loss adjusters until the non-disclosure statement has been signed and reported to RMA. Even if the AIP does not intend to provide the information obtained from CIMS to their agents or loss adjusters at this time, the non-disclosure statement must still be signed by each agent and loss adjuster in case the AIP inadvertently releases information to the above parties, or if the AIP elects to provide such information in the future.

RMA is modifying Appendix III, Data Acceptance System (DAS) Handbook, to include a non-disclosure field on the agent (Type 55) and loss adjuster (Type 56) records for AIPs to report agent and loss adjuster compliance with signing of the required non-disclosure statement. DAS will be modified to accept the signature date of the agent and loss adjuster non-disclosure statement and will store the date on the policy database. Appropriate fields from the type 55 and 56 records must be accepted by DAS before the associated premium and/or loss records will be accepted.

Disposal Date:

This Manager's Bulletin will remain in effect until rescinded, revised or is incorporated into the Standard Reinsurance Agreement.

Attachments:

Approved Insurance Provider Non-Disclosure Statement
Employee and Contractor Non-Disclosure Statement

**EMPLOYEE AND CONTRACTOR
NON-DISCLOSURE STATEMENT**

1. I hereby agree that I shall keep private and not publish, use or disclose to any other individual or entity, either directly or indirectly, any Privacy Information, except that I may make use of such information to the extent necessary in the performance of my duties, as determined by my approved insurance provider, in accordance with applicable procedures issued by the Risk Management Agency or the Federal Crop Insurance Corporation. I further agree that I shall only disclose such Privacy Information to employees or contractors authorized by the approved insurance provider to receive such information, and who have signed an Employee and Contractor Non-Disclosure Statement, and that it shall secure both electronic and paper-based Confidential Information .

2. For the purposes of this document:

“Approved insurance provider” means a legal entity that has entered into a Standard Reinsurance Agreement with FCIC for the applicable reinsurance year with whom I am, or have been, employed or under contract.

“Privacy Information” means any information about a policyholder, his farming operation or his insurance policy, acquired from a policyholder, USDA either directly or through the Comprehensive Information Management System or the policyholder’s previous or current the approved insurance provider or agent, except for information which has been made public by the USDA. This includes all hard copy or electronic information.

“USDA” includes the Risk Management Agency, Farm Service Agency, and any other agency within the USDA.

3. I agree that my obligation to to secure and not disclose any Privacy Information shall continue in perpetuity during my employment or contract with the approved insurance provider or after such employment or contract has ended.

4. I agree that if I cease to require the Privacy Information in the performance of my duties, as determined by the approved insurance provider, I shall immediately return all Privacy Information to the approved insurance provider who insured the policyholder at the time I ceased to participate, including all copies thereof.

5. I certify that I will adhere to all USDA security policies and rules in handling USDA information and systems. I understand that violation of this agreement may result in civil and criminal penalties under the Privacy Act or section 1770c of the Food Security Act of 1985 (7 U.S.C. § 2276c).

Signature: _____

Dated: _____

Print Name: _____