



EDD Agreement No. CDSS Agreement No. WAH0419 CDSS/Orange County EDD Customer Code: E00096, E00097 Exhibit E - Attachment 2 Page 1 of 1

EMPLOYMENT DEVELOPMENT DEPARTMENT INDEMNITY AGREEMENT

In consideration of access to EDD information which is personal, sensitive, or confidential,

MAIKHANH NGUYEN

(Enter name of Chief Financial Officer or authorized Management Representative)

agrees to indemnify EDD against any and all liability costs, damages, attorney fees, and other expenses EDD may incur by reason of or as a result of any unauthorized use of the personal, sensitive, or confidential information or any violation of the "Confidentiality Statement" by any and all employees of:

COUNTY OF ORANGE - SSA

(Enter Requesting Agency/Entity Name)

This obligation shall be continuous and may not be changed or modified unless agreed to in writing.

In addition, I understand that the following penalties may be incurred for any such misuse of EDD Information:

- 1. Any individual who has access to returns, reports, or documents maintained by EDD who fails to protect the confidential information from being published or open to the public may be punished by imprisonment in the county jail for up to one year or a fine of \$20,000.00 or both. (Unemployment Insurance Code 2111 and 2122).
2. Any person who intentionally discloses information, not otherwise public, which they knew or should have known was obtained from personal information maintained by a state agency, shall be subject to civil action for invasion of privacy by the individual to whom the information pertains. (Civil Code 1798.53).
3. Any unauthorized access to EDD computer data, computer systems, or unauthorized use of EDD data is punishable by a fine or imprisonment in the county jail or both. (Penal Code 502).

I certify that I have read, understand, and agree with the above terms.

SIGNED BY REQUESTING ENTITY REPRESENTATIVE

MAIKHANH NGUYEN

Print Full Name (last, first, MI)

Maikhanh Nguyen

Signature

ADMINISTRATIVE MANAGER I

Print Title

Oct. 21, 2019

Date Signed

COUNTY OF ORANGE - SSA

Print Name of Requesting Entity

COUNTY OF ORANGE

Enter Name Governmental Sponsor/Entity