



**SHARON K. FOGO**  
**Mason County Clerk**  
**PO Box 340, Shelton, WA 98584**  
**(360) 427-9670 Ext. 346**

## **Confidentiality Agreement For Access to the Odyssey Portal**

As part of my job duties, I require access to the Odyssey Portal for the Mason 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 statement, 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 have access, read or handle confidential information to the extent required in, and for the purpose of, performing my assigned duties if I am the attorney of record or as an officer of the court.
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 County Clerk or the Chief Deputy on any questions I may have concerning whether particular information may be disclosed.



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5. I understand that a breach of confidentiality may be grounds for termination of my Portal access.

6. I agree that documents I have access to through Odyssey 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.

7. I agree to notify an appropriate person in my agency who will immediately notify Sharon K. Fogo, County Clerk of the above-named court 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 \_\_\_\_\_

Print Name \_\_\_\_\_ Job Title \_\_\_\_\_

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

**Authorization of Access to the Odyssey Portal**

\_\_\_\_\_ is authorized access to the Odyssey Portal for this court.

\_\_\_\_\_



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Sharon K. Fogo, Mason County Clerk

Date