



GEORGIA DEPARTMENT OF CORRECTIONS FIELD OPERATIONS

State Offices South Tift Campus
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Brian Kemp
Governor

Tyrone Oliver
Commissioner

STATEMENTS REGARDING CONFIDENTIALITY OF IMAGES AND INFORMATION GENERATED BY NON-MEDICAL X-RAY DEVICES AND RAPID IDENTIFICATION FINGERPRINT SCANNERS

It is the commitment of this Department to provide all personnel with the necessary tools for a work environment conducive to personal and professional satisfaction, while at the same time achieving the goals and mission of this Department. All personnel are hereby forewarned that releasing images generated by non-medical x-ray devices and criminal background information obtained through the use of the Rapid Identification Fingerprint Scanner to any unauthorized personnel of this Department or other personnel or individuals conducting business with the Department is unlawful and strictly prohibited by Departmental policy. The Department further wishes to provide all personnel with a clear understanding, that all such images and information are confidential and if released without authorization is a basis for disciplinary action which, presumptively, shall be termination. The Asst. Superintendent; Superintendent; Deputy Warden of Security; Warden; Regional Director; Director, Facilities Admin/Support; Director, Field Operations; or the Office of Legal Services only may authorize release of these images and information as specified by Georgia law.

Portal Sergeants and Correctional Officers shall use non-medical x-ray devices to search visitor and employees. You are strictly prohibited from photographing, reproducing, transmitting electronically, or discussing any images or information revealed during the use of all non-medical x-ray devices, unless authorized to do so.

Entry Portal Sergeants and Correctional Officers shall use the Rapid Identification Fingerprint Scanner to confirm the identity and GCIC/NCIC history of visitors and employees, you are strictly prohibited from discussing, disclosing, revealing, or transmitting electronically any information obtained as a result of a criminal background check unless authorized to do so.

As Acknowledgement of the above statements, you understand that releasing unauthorized information and images is a violation of policy and is a basis for disciplinary action up to and including dismissal from employment and/or prosecution. Your signature below acknowledges that you read the above statements requiring you to protect images and information revealed through the use of non-medical x-ray devices and Rapid Identification Fingerprint Scanners. You are aware that this statement becomes a part of your official personnel records.

Employee Signature: _____ **Date Signed:** _____

Employee's Printed Name: _____ **Employee ID#:** _____