

**CONFIDENTIALITY AND INFORMATION SECURITY AGREEMENT**

Staff, Faculty, Students and all other individuals, including vendors and temporary employees, are required to maintain the confidentiality of private information. All individuals associated with UNC who have access to private information will be held personally responsible for safeguarding private information, security login processes, passwords, and electronic signatures. All individuals associated with UNC must strictly adhere to HIPAA/FERPA standards that govern use of sensitive and confidential information. Failure to do so will result in disciplinary action, including termination of employment. You are required to sign this document as a condition of employment.

I ACKNOWLEDGE, UNDERSTAND, AND AGREE TO:

* + Only use confidential information/data as needed or as necessary to perform my duties as an employee, faculty, or student of UNC. Confidential information includes, but is not limited to, information relating to medical records, private information as defined by HIPAA/FERPA, employee/student information, and University information including computer programs.
	+ I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information/data except as properly authorized within the scope of my professional activities affiliated with UNC. I will not share private information on any media platform. I will not share with others any confidential information I may have overheard.
	+ I will not misuse confidential information/data or be careless with it. I will follow HIPAA Privacy Rule when disposing of confidential information,
	+ I will safeguard and will not disclose my computer password or any other authorization that allows me to access confidential information/data. UNC reserves the right to monitor access to the network, including my account, if deemed appropriate.
	+ I accept responsibility for all activities undertaken using my assigned access and or any other authorizations.
	+ I will report activities by any individual or entity that I suspect may compromise the confidentiality of information. UNC will make all attempts possible to keep good faith reports confidential.
	+ I understand that my obligations under this Agreement will continue after my affiliation with UNC terminates.
	+ I understand that any of my access privileges to confidential information/data are subject to periodic review, revision and if necessary, modification and or termination.
	+ I understand that I have no right or ownership interest in any confidential information/data that I may have access to while affiliated with UNC.
	+ UNC may at any time revoke my access or any other authorization that allows me to access confidential information/data.
	+ I will be held responsible for any misuse or wrongful disclosure of confidential information and failure to safeguard confidential information/data or my password or any other authorization that allows me to access confidential information/data.
	+ UNC will take disciplinary action against me up to and including termination or expulsion from the University in the event I violate this Confidentiality Agreement. In addition, the University may initiate legal action including but not limited to civil litigation or criminal prosecution.
	+ I understand UNC reserves the right to monitor and record all network and application activity including employee email accounts, with or without notice, and therefore users should have no expectations of privacy in the use of these resources.

I will notify my supervisor and the UNC Privacy Officer immediately, but not later than one business day, of any actual or suspected inappropriate use, access, or discloser of Confidential Information, whether by me or anyone else, whether intentional or accidental.

UNC Privacy Official
Deb Miller, CHPE
Cassidy Hall
970-351-1919

UNC SHC Chief Information Security Officer
Matt Langford, CISSP-ISSMP, PCIP
Carter Hall
970-351-1420

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE FOREGOING UNC CONFIDENTIALITY AND INFORMATION SECURITY AGREEMENT.

**EMPLOYEE INFORMATION**

Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After you have filled out and signed this form return page 3 to your supervisor or the HIPAA Privacy Official to be placed in your employee file. Keep page 1-2 for future reference.