



Confidentiality Agreement

PRINTED NAME (Last, First Middle)

EMPLOYEE ID NUMBER (8 or 9 Digits)

OSU accepts its ethical and legal responsibility to protect the privacy of students, prospective students, faculty, staff, alumni, donors and others, including obligations to protect and safeguard confidential information. As a condition of employment/assignment/affiliation with OSU, each individual during the course of his or her employment/assignment/affiliation at OSU may see or hear of confidential information, such as financial data and operational information pertaining to OSU, and willingly agrees to maintain and protect such information.

Therefore, by checking each section and signing this document, I understand and agree to comply with the terms of this Agreement as established below:

- I agree to disclose information on any person and/or any other confidential information ONLY if such disclosure complies with OSU policies and procedures, federal and state law, and is required by my job responsibilities as specified in my job description. Federal laws that cover the release of personal information include but are not limited to: the Family Educational Rights and Privacy Act (FERPA, a.k.a. Buckley Amendment), Health Insurance Portability and Accountability Act of 1996 (HIPAA), and Gramm Leach Bliley Act of 1999 (GLB Act, a.k.a. the Financial Modernization Act).
- I agree my personal access code(s), user ID(s), access key(s) or card(s), and password(s) used to access any university property including computer systems, secured equipment, buildings, rooms, or spaces are confidential and will not be released to anyone, including co-workers. Writing or leaving such information or items in a readily accessible location shall be considered release of this information or items and is not permitted.
- I agree not to access or view any information other than what is required to perform my specified responsibilities. If I have any questions about whether access to certain information is necessary, I will immediately ask my supervisor for clarification.
- I understand that personal use of an administrative system and its data or any confidential information maintained by the University is not permitted
- I agree not to make inquiries about any individual for any person or party who does not have proper authorization to access such information.
- I agree not to discuss confidential information pertaining to OSU in an area where unauthorized individuals, including family members or friends, may hear such information (for example, in public spaces such as hallways or public places such as elevators, eating establishments, public transportation or at social events. This includes using confidential information in presentations, reports, or publications of any kind.

OSU Confidentiality Agreement

I agree not to make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of any confidential information. Unauthorized transmissions include, but are not limited to, removing and/or transferring any information from OSU to an unauthorized location.

I agree, when required to do so as part of my specific OSU responsibilities, to dispose of confidential information in a manner that will protect its confidential nature, such as shredding paper documents and erasing magnetic media prior to disposal or transfer as specified by OSU policies and procedures.

I agree to proactively maintain the confidentiality of information including that of which I become aware through intentional or unintentional disclosures by other persons and will report unsecured confidential information, such as forms or reports found in public places, to the appropriate security officer.

I agree that any confidential information I access or view at OSU remains the property of OSU and my obligation to maintain confidential information continues after the termination of my employment/assignment/affiliation with OSU.

I agree that upon termination of my employment/assignment/affiliation with OSU, I will immediately return all property issued by OSU (keys, documents, Ids, etc.) to OSU.

I understand that violation of the terms of this Agreement may result in disciplinary action, up to and including termination of my employment/assignment/affiliation with OSU and/or suspension, restriction or loss of privileges, in accordance with OSU policies, as well as potential personal civil and criminal legal penalties.

Signed _____ Date _____

Witness _____ Date _____

The original of this Agreement for any employee is to be sent to OSU Human Resources, 106 Whitehurst, Stillwater, and a copy maintained in the department.

The original of this Agreement for any volunteer or unpaid associate is to be maintained in the department.