

# WASHINGTON UNIVERSITY

## CONFIDENTIALITY & SECURITY POLICY ACKNOWLEDGEMENT

As an employee of Washington University, you may come in contact with information which is both personal and confidential. It is your responsibility to treat this information pertaining to the business of the Department/School/University, students, patients and other employees as "CONFIDENTIAL."

Some employees, by the nature of their positions, will have access to salary and personal information for University employees. Salary and personal information is to be treated as "CONFIDENTIAL" and may never be discussed with individuals who do not have a valid need or right to know the information. Any request as to the release of such information, must be referred and cleared with your supervisor prior to its release.

Some employees, by the nature of their positions, may have access to student education records. The Family Educational Rights and Privacy Act ("FERPA") affords students with certain rights with respect to their education records, including the right to restrict the release of personally identifiable information contained in their education records except to the extent that FERPA permits disclosure without consent. Any request to release information must be referred and cleared with your supervisor prior to its release.

Protected Health Information (PHI), including a patient's medical record(s) and patient accounts information, is to be considered "CONFIDENTIAL". When it is necessary to discuss such matters in the course of your work, the discussion should be held in an appropriate place and manner. Under no circumstances should patient information be discussed with other employees or outside parties without direct permission of your supervisor. Confidential patient information should not be released to non-authorized individuals. All Washington University HIPAA privacy and security policies, and other compliance policies and procedures remain in effect.

Each employee is assigned a unique User Name and Password to access the various University systems. It is the employee's responsibility to protect the confidentiality of that password to the highest degree possible in an effort to maintain and protect system and data integrity.

### **AGREEMENT:**

I agree to treat any and all "CONFIDENTIAL" information or data that I may come into contact with during the course of my job with the highest degree of confidentiality as outlined above.

I agree to protect the confidentiality of the data contained in any computerized system I may use in conducting business for Washington University. I agree that I will not disclose my User Name/Password to any unauthorized personnel. If I have reason to believe that my User Name or Password has become known to an unauthorized user, I will contact my supervisor immediately and request a new code be assigned as soon as possible. I understand and agree that it is my responsibility to always sign out of the computer system whenever I leave my work area for an extended period of time.

The University's security policies have been reviewed with me and I agree to comply with all University information system security policies. I understand that if I violate this Confidentiality Agreement, or the University's information system security policies, I may be subject to disciplinary action in accordance with University policy including termination, if necessary.

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EMPLOYEE NAME (Please Print)

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Date

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SIGNATURE OF EMPLOYEE