

CONFIDENTIALITY STATEMENT

As a member of the University of Southern Maine workforce, I may be provided with access to personal, private or confidential data or information concerning faculty, staff, students, patients, or others associated with the University, as well as any confidential information regarding University business. All such information will be referred to here as “confidential” information.

I will use my access to confidential information for the sole purpose of conducting legitimate University business and understand that the use of confidential information for personal or other inappropriate purposes is prohibited. I will maintain in strictest confidence the information to which I have access. I will not:

- a. Access or attempt to access information that I am not authorized to access;
- b. Make unauthorized use of any confidential information to which I have access;
- c. Seek personal benefit, permit or otherwise enable others to benefit personally from any confidential information to which I have access;
- d. Disclose the contents of any record or report or otherwise provide confidential information to any person who is unauthorized to view such information.

I further understand that my access to confidential information is often facilitated by electronic information systems. In the interest of maintaining the integrity of these systems and of ensuring the privacy and security and proper use of University resources, I will avoid sharing my passwords to such systems and I will otherwise keep my passwords secure. If any emergency or other legitimate circumstance requires me to share a password, I will immediately reset it once the situation is resolved.

I will also maintain, process, and store confidential information in a secure way and will ensure that confidential information is shredded or otherwise disposed of in a secure and complete fashion.

I understand that this statement and additional guidance relating to securing information can be found within the USM Division of Human Resources Confidentiality Policy. I also understand that student education records are specifically protected under the Family Educational Rights and Privacy Act (FERPA), and I will seek guidance from the Registrar’s Office if I am unsure about appropriate disclosure of such information. I further understand that certain departments or units within the University perform health care or health plan functions and are bound by privacy and security related policies and procedures created under the Health Insurance Portability and Accountability Act (HIPAA). I understand that if I am unsure about whether HIPAA applies, I will ask my supervisor.

Finally, I understand that failure to follow the USM Division of Human Resources Confidentiality Policy concerning the proper use and security of confidential information may result in disciplinary action.

Date: _____

Employee Signature

Print Name