

ACKNOWLEDGEMENT OF CONFIDENTIAL INFORMATION POLICY

I understand that in performing my duties for Temple University, I may have access to confidential information including, but not limited to, proprietary business information relating to Temple University and personal confidential information related to other employees, students, applicants and alumni. This includes information viewed on-line, in print, in other media, or received verbally. I further understand that I am only permitted to share the information to which I have access only as required to perform my job or as required by the business needs of my unit or department.

I have been advised by Temple University that the disclosure of confidential information to others who do not have a legal right to the information may violate the Family Educational Rights and Privacy Act of 1974 (FERPA), the Health Insurance Privacy Portability Act of 1996 (HIPAA), Gramm-Leach-Bliley Act (GLBA), and/or other federal and state laws. I understand that if I misuse or otherwise improperly disclose confidential information I will be subject to disciplinary action, up to and including discharge of employment.

In accepting employment with Temple University, I agree to read and abide by the following policies:

Confidentiality of Student Records,
http://policies.temple.edu/getdoc.asp?policy_no=03.20.11 .

Computer usage,
http://policies.temple.edu/getdoc.asp?policy_no=04.71.11.

I agree to immediately notify my supervisor or the Human Resources Department if I am asked to disclose confidential information to any person who does not have a legitimate business reason for obtaining such information or am otherwise aware of other individuals who have disclosed confidential information in violation of this policy.

I understand that my failure to report a violation of this policy may result in disciplinary action, up to and including discharge from employment.

Print Name: _____

Signature : _____

TU ID : _____

Date : _____

Department: _____