

Confidentiality Agreement



The University of Wisconsin-Stevens Point (“the University”) collects, stores, and distributes large amounts of information essential to the performance of University business. Although a portion of University information is public, a significant portion of our information is protected by state and federal laws, including but not limited to Family Education Rights & Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA), and Gramm–Leach–Bliley Act (GLBA). To comply with these laws and protect the University community, the University has the right and obligation to protect, manage, secure, and control information in its possession.

I understand as an employee (faculty, staff, limited appointee, student help, or employee in training) or representative (e.g. volunteer, intern) at the University that I may have access to confidential, proprietary, or personal information regarding faculty, staff, students, parents, alumni, vendors, or other parties associated with the University. Confidential Information may include, but is not limited to, University of Wisconsin System institutional, medical/health, financial, employment, or contractual data. Such Confidential Information may be verbal, on paper, contained in software, visible on screen displays, in computer readable form, or other medium.

Unauthorized disclosure of Confidential Information can adversely impact the University, individual persons, or affiliated organizations. I agree to read and follow all University information protection policies to protect, manage, secure, and control Confidential Information located at <https://www.uwsp.edu/infotech/Pages/Policies/Policies.aspx> and <https://www.uwsp.edu/regrec/Pages/ferpa.aspx>.

Specifically, I agree to:

- Access data solely in order to perform my job responsibilities
- Not seek personal benefit or permit others to benefit personally from any data to which I have access
- Not access or use any information or data in the University’s systems or records that I do not have authority to access
- Not access any office, other private, or secured area outside the performance of my job responsibilities
- Not enter, change, delete, or add data to any information system or files outside the performance of my job responsibilities
- Not release, exhibit, or disclose any Confidential Information to any individual or any institution/organization without approval by my supervisor
- Report any unauthorized or inappropriate use or disclosure of Confidential Information by myself or others to my supervisor or the Information Security Office at 715-346-4408.

My obligations under this Agreement are effective as of the date I submit the agreement and continue after my association with the University concludes. Upon termination of my association with the University of Wisconsin-Stevens Point, or earlier as instructed by the University, I will return all copies of materials containing confidential information to my supervisor or the Information Security Office. Violation of this Agreement may result in disciplinary action, up to and including termination and/or criminal prosecution under appropriate state and federal laws.

Employee Name (print): _____

Employee Signature: _____

Date: _____



Employee Policies Acknowledgement

UW-Stevens Point policies are located at:

<https://www.uwsp.edu/hr/Pages/Employee%20Relations/Policies.aspx>

I have received access to the UW-Stevens Point employment policies. I understand that it is my responsibility to review the policies. I understand that the University of Wisconsin-Stevens Point at its sole discretion, may modify, suspend, interpret or cancel, in whole or part, any policies, handbooks, or practices, with or without advance notice, giving cause, or justification. Such revised information may supersede or eliminate existing policies. I acknowledge that any University of Wisconsin-Stevens Point policies and handbooks are not a contract of employment.

Based on my leave eligibility, I acknowledge that in the event that my employment ends, the University will recover the value of any vacation or personal holiday used/paid but not yet earned.

Print Name:

Employee Signature:

Date: _____

Employee: Keep a copy of this document for your records. If you need assistance or have questions regarding a policy, please contact us at 715-346-2606 or hr@uwsp.edu.