

Administrative System Confidentiality Agreement Form

VU Confidentiality Agreement - PDF: [2016.03.01-VU-Confidentiality-agreement-Final.pdf](#)

VU Confidentiality Agreement - Word .doc: [2016.03.01-VU-Confidentiality-agreement-Final.doc](#)

The Lutheran University Association, Inc. d/b/a Valparaiso University

CONFIDENTIALITY AGREEMENT

Recognizing the need to maintain individual and institutional rights to privacy and confidentiality and realizing that, as an agent of Valparaiso University, my assigned responsibilities will or may necessitate access to privileged information. Such confidential information may be verbal, on paper, contained in software, visible on screen displays, in computer readable form, or otherwise, and may include, but is not limited to, student records, medical/health, financial, employment, contractual, or institutional data.

I affirm my intention to preserve the strictest standards of confidentiality in the use of this information.

Therefore,

1. I will not disclose information that I obtain in performing my duties to anyone who does not require this information in their official capacity;
2. I will use privileged information only for the purposes for which I am authorized;
3. I will not disclose my password(s) to any person;
4. I will not allow anyone else access to privileged information under my login ID, nor allow casual onlookers to view privileged information;
5. I will not participate in unauthorized disclosure of any data or password;
6. I will print records only when necessary;
7. I will report any attempted or successful violation of institutional or personal security or privacy policies to the Chief Information Officer.
8. I will not establish separate databases with privileged information;
9. I will submit updates of data to the appropriate office upon receipt.

I understand the intent of this statement and will exercise diligence in performing my duties in accordance with institutional policies. Furthermore, I understand that Valparaiso University reserves the right to periodically audit my use of privileged information and to revoke my access if I am not adhering to all applicable policies. Any unwarranted and deliberate violations of the terms of this agreement will subject me to disciplinary action, including termination, legal actions, and/or criminal prosecution under appropriate state and federal laws.

I understand that this agreement does not alter my status as an at-will employee.

Name:

Phone:

Signature:

Date:

Department/Position:

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