

**INFORMATION CONFIDENTIALITY AGREEMENT**

I understand that student, employee, and financial information relating to the University of New Orleans and its student, faculty, and employees, from any source and in any form, is confidential and is available to me solely for the performance of my official duties as a University of New Orleans employee or contractor. Federal law, including the Family Education Rights and Privacy Act of 1975 as amended (FERPA), the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and State and University policies, including AP 51.1 (Educational Privacy Rights of Students) guarantee the security and confidentiality of information maintained by the University. I will protect the privacy and confidentiality of student, faculty, employee, and financial information to which I have access and will use it solely for the performance of my official duties. I agree not to access student, faculty, employee, or financial information unless such access is required for the performance of my official duties.

**Furthermore:**

- ❖ I agree that I will be a responsible user of data.
- ❖ I will store data I obtain from this system under secure conditions.
- ❖ I will make every reasonable effort to maintain privacy of the data.
- ❖ I will make every reasonable effort to interpret the data accurately and in a professional manner.
- ❖ Prior to sharing data with others, electronically or otherwise, I will ensure that the recipient is authorized and has a need to access the data and understands his or her responsibilities as a user.
- ❖ I will sign off the system when not using it.
- ❖ I will not disclose my password to other individuals. I will not use another person's password. If I have reason to believe my password or that of another individual has been compromised or is being used by a person other than the individual to whom it was issued, I will report it to my supervisor and notify the UNO Security Administrator by email at SecurityAdministrator@uno.edu.
- ❖ I will store/secure confidential and sensitive information, reports, etc., in an appropriate manner when not using them.
- ❖ I am responsible for protecting the security of the records and confidentiality of the information to which I have access. Specifically:
  - I will not use the information to which I have access in an unauthorized manner.
  - I will neither knowingly include nor cause to be included a false or misleading entry in any record.
  - I will not change or delete any entry in any record unless it is done in accordance with University policies and procedures.
  - I will not copy, reproduce, electronically print, or forward any record except in the performance of my defined duties and in accordance with University policies and procedures.
  - I will not divulge, in any way, knowledge of any confidential information that I have learned.
- ❖ I will seek the advice of my supervisor should I have questions concerning the items in this Confidentiality Agreement

**OATH OF AFFIRMATION TO SUPPORT THE CONSTITUTION AND LAWS OF THE UNITED STATES OF AMERICA AND OF THE STATE OF LOUISIANA**

I do solemnly swear (or affirm) that I will support the Constitution and laws of the United States and the Constitution and laws of the State of Louisiana; and I will faithfully and impartially discharge and perform all the duties incumbent upon me as a Graduate Assistant at the University of New Orleans to the best of my ability and understanding.

**My signature indicates that I have read the above and understand and agree to abide by the terms and conditions outlined above.**

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Employee's Name (Please Print)

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Employee's Signature

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Date

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Employee ID Number

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Department