

ADMINISTRATIVE PRACTICE LETTER

SUBJECT: Employee Protection of Data

APPENDIX B: Confidentiality Agreement Template

UNIVERSITY OF MAINE SYSTEM
EMPLOYEE CONFIDENTIALITY AGREEMENT

As an employee of University of _____, I may be provided with access to Compliant or Business Sensitive Data. Such data, including personal or private information concerning faculty, staff, students, or others associated with the University will be referred to herein as “confidential” information.

I will use my access to confidential information for the sole purpose of conducting permitted University business and understand that the use of confidential information for personal or other unauthorized purposes is prohibited. As an employee of the University of Maine System, I am entrusted to protect sensitive information, whether or not it is labeled or identified as such and agree to abide by the following requirements:

- a. I will NOT access or attempt to access information that I am not authorized to access;
- b. I will NOT make unauthorized use of, or seek personal benefit from, any confidential information to which I have access;
- c. I will NOT disclose or provide access to confidential information to any person who is unauthorized to view such information.

I understand that my access to confidential information is often facilitated by electronic information systems. I will not give unauthorized access to such systems and I will keep all related passwords secure. If any circumstance requires me to share a password, I will immediately reset it once the situation is resolved. Likewise, if a University employee shares a password with me for emergency purposes, I will advise the employee to immediately reset the password once the situation is resolved.

I will process and store confidential information in a secure way. When no longer needed, papers containing confidential information will be shredded and electronic files that contain confidential information will be securely deleted in accordance with records retention policy.

I understand that this statement and additional guidance relating to securing information can be found within the University of Maine System Information Security Policy and Security Standards and Administrative Practice Letter (APL VI-C [\[this APL\]](#)). 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).

By signing and dating this agreement, I understand the permissions and authorizations I have been given to confidential information, agree to these terms, and acknowledge that failure to do so may result in disciplinary action. I also understand that this agreement remains in effect continuously for the duration of my employment by the University of Maine System.

Employee Signature _____ Date: _____
 Printed Employee Name: _____ Employee ID: _____
 Employee Title: _____
 Department: _____