



Office of Information Security
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<http://www.wcupa.edu/infoservices/security/>

WCU Confidentiality Statement

Background

With the implementation of Shared Administrative Systems, information stored in an electronic environment is increasing rapidly. It is essential that the confidentiality and privacy of this information be maintained. Essentially, the filing cabinet lock has been replaced with good judgment and computer access and security features. As a WCU employee who has been given access to confidential information, it is your responsibility to protect this sensitive and personal data.

The university is relying on you to maintain confidentiality of the employee data and to access, use, discuss, release, and disclose this data only when it is dictated by your job duties. If you do not need to access employee information to perform your job, you should not access it. If you do need to access employee or student information to perform your job, the information should not be divulged to anyone unless it is done so through authorized information release protocols.

To ensure that all WCU employees with access to relevant employee and/or student information are aware of this confidentiality requirement, you must sign and date the statement below. You should retain a copy of this notice for your records and return the original copy of this form to the Human Resource Office for filing in your personnel file. If you have any questions regarding your responsibility to maintain confidentiality of the data to which you have access in your work, you should contact your supervisor.

CONFIDENTIALITY AGREEMENT

As an employee of WCU, I understand while I may have access to confidential, personal data of employees and students, I agree that I will access, use, discuss, release, and/or divulge only the data that is needed to perform my job. I understand that I am prohibited from accessing, using, discussing, releasing, and/or divulging this data unless doing so is a requirement of my job. I understand that any release of this information will be done only through authorized information release protocols. Breaches in confidentiality of such data may result in disciplinary action up to and including separation from employment. A violation of this agreement also may result in criminal action if it is determined that any local, state, or federal law has been violated.

By my signature below, I am certifying that I have read, understand, and agree to abide by the provisions of this policy.

 Print Name

 Signature

 Date

 WCU ID Number