## BLUEFIELD STATE UNIVERSITY ACCESS AND CONFIDENTIALITY AGREEMENT

(Applies to all BSU Employees: Faculty, Adjunct Faculty, Staff, Temporary/Extra Help, & Student Workers)

EMPLOYEE NAME (Print): Faculty	EN	MPLOYE Staff	E BANNER ID	#: ra Heln	
SUPERVISOR NAME (Print):			_ Temporary/Exc		
I acknowledge that during the course of perform have access to, use, or disclose confidential information and records, employee information applicant information. I hereby agree to handle times during my employment in each and every po	information. This and records, financial such information in	may inclu al records n a respon	nde, but is not , health related in sible and confident	limited information	to, student on, and job anner at all
<ul> <li>A. I will not disclose my password to other individed and password is considered equal to my electroconsequences of any misuse occurring under respect to access and alter only the information information that I have no need to see as part of systems, records and data for my own personal personal curiosity is strictly forbidden.</li> <li>C. I will respect the confidentiality of individuals disclose that information except as required by applicable law.</li> <li>D. I understand that the transactions processed by appropriate action will be taken if improper use.</li> <li>E. I agree to follow the privacy, security, and conwell as state and federal security and privacy leads to the privacy of the p</li></ul>	onic signature. I under my computing ID and in for which I have rest of my responsibilities il gain or profit, for the sto whose information y my responsibilities of me, including those sees are detected. inputing policies and p	erstand that I password sponsibility. Access the personation I have been and as allow with my exprocedure	It I will be held red due to any negled yor authorization or use of University of the een given access to be determined by University electronic access, as established by the due to any neglection of the een given access.	esponsible ect on my n, and not ersity information of others, or it. I will not ity policie may be at the University extends the Universi	e for the part. to view rmation r to satisfy ot view or es and udited, and rsity, as
password and to the information and the system. Insurance Portability and Accountability Act (the Code of West Virginia Computer Crime at tasks are completed, I will take appropriate step. I understand these concepts apply to both fixed tablets, text-enabled cell phones, and personal and the devices assigned to me and to report a Information Security Office.	(HIPAA), Family Edu nd Abuse Act. When eps to prevent access d and mobile devices storage devices). I al	ucational land awa to informational (such as, lso agree to	Rights and Privacy from my works ation by unauthor but not limited to a safeguard the incomplete to the safeguard the incomplete.	cy Act (FI station or vized users o, laptops, nformation	ERPA), and when my s. electronic in I access
G. I understand that failure to adhere to this Accesystem privileges, and in disciplinary action upemployment depending upon the circumstance	p to and including sus	spension v			
Please note that an absence of the employee's sign abide by the ab	nature on this form do pove requirements and			the respo	nsibility to
My signature below indicates that I have read,	understand, and agr	ree to abio	le by these requi	irements.	,
Employee's Signature	<b>Date</b>				
I have discussed the contents of this document v	vith this employee.				

Supervisor is Responsible to Retain a Copy for Department File and Provide a Copy to Employee.

For Salaried Faculty, Nonclassified Staff and Classified Staff, Supervisor is to send <u>Signed Original</u> to the BSU Office of Human Resources, Conley Hall, Room 202, for placement in the employee's Personnel File. Form Date: 12/07/2017; Rev. 07/01/22

**Date** 

Supervisor's Signature