

# Northwest Nazarene University Confidential Information Agreement

As a worker in the \_\_\_\_\_(department, school or office) of Northwest Nazarene University, you are entrusted with certain responsibilities and special privileges. During the day-to-day execution of your job, you may encounter or have access to information that is sensitive or confidential in nature. This may include, but is not limited to:

- academic records, tests and grades, financial aid reports, or other academic information
- employment records, payroll, or compensation information
- passwords, e-mail addresses, logs or other files
- intellectual property information
- University financial information, privileged legal communication, and other sensitive material

Access to the personal or academic information of student or staff records is governed by the Family Educational Rights and Privacy Act of 1974 (FERPA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and policies of Northwest Nazarene University. Any unauthorized access to, or unauthorized disclosure of, this information is considered a violation of these policies and laws. You must follow proper procedures to gain access to or disclose this information. Questions concerning student records should be directed to your supervisor, the NNU Registrar's Office, or the Office of Financial Affairs.

As an employee or agent of NNU, your responsibilities include taking reasonable steps to protect confidential information. In all cases, access to electronic information shall be limited to the least perusal of contents and the least action necessary to resolve a situation.

Any unauthorized access, modification, manipulation, destruction, or disclosure of confidential information is a violation of the Northwest Nazarene University Information Security Policy, may be a violation of state and federal laws, and will have consequences that impact your employment.

### Acknowledgement:

I have read and understand the information above. I understand that failure to comply with this agreement will subject me to disciplinary action by the University and/or legal action and will affect my employment. I acknowledge that this form will become a part of my permanent personnel file.

Printed Name \_\_\_\_\_ Employee I.D.# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: This agreement is to be filed in the office for which it is signed.*