

Information Services Confidentiality Agreement

Name (printed):			
MCTC ID#:		Phone #:	
MCTCNet Username:		Department:	

Confidentiality Agreement:

I acknowledge the confidential nature of non-public information held by me regarding our employees, students and other members of the Mountwest community. Consistent with applicable policies and guidelines, I will respect and safeguard the privacy of members of the Mountwest community and the confidential nature of their information. Without limiting the general nature of this commitment, I will not access or seek to gain access to confidential information regarding any past or present employee or student of Mountwest Community & Technical College except when fulfilling my job responsibilities. I understand that in this context, confidential information is defined as all non-public information that can be personally associated with an individual.

If in the course of executing my job responsibilities, I accidentally access information that others might consider inappropriate for me to access, I will not disseminate any such information without proper authorization.

I will not use another's computer sign-on or computer access code or provide another the use of an individual's sign-on code to gain access to confidential information without proper authorization. I will not disclose confidential information to those who are not authorized to receive it. In addition, I will not, without proper authorization, copy or preserve confidential information by manual, electronic, or any other means, nor will I disseminate any such information without proper authorization. If I am in doubt about whether the authorization provided is "proper", I will consult the defined Information Owner for guidance see:

<http://www.mctc.edu/BusinessServices/InformationOwners.htm>

I acknowledge that should I receive Account Names (userid's) and Passwords that the passwords are the equivalent of my signature. I understand that I will only access information that is required for me to perform my assigned tasks. I acknowledge that if I disclose passwords to any other person, I will be fully accountable and responsible for any use or misuse by that individual to the same extent as if I had performed the act or omission. If I have any reason to believe that the confidentiality of my passwords has been violated, I will notify my department head or supervisor immediately and ensure that the passwords are promptly changed. If I believe I have been asked to access or release information that lies outside my defined job responsibilities, I will notify the Chief Information Officer and request guidance.

I understand that if I move to another department, I will retain the same account name and password, although my security access may change. I understand that if my relationship with the College is terminated for any reason, I will no longer have access to College equipment and data.

I understand and agree that a violation of any portion of the confidentiality policy renders me subject to disciplinary or corrective actions that may result in sanctions including, but not limited to revocation of employee or student privileges up to and including expulsion, or termination of employment or contract. Under certain circumstances, disclosure of confidential information may include civil and/or criminal penalties.

Signature:		Date:	
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Questions about this form should be directed to Information Services at 696-6291.

After completing this form, please forward to the office of Information Services.