

Confidentiality and Security Agreement

Life Span Institute at Parsons, University of Kansas

1. I recognize that I will have access to confidential data, which is governed by University of Kansas policy as well as state and federal laws. Examples of confidential data include but are not limited to information pertaining to an individual's physical or mental health and treatment, an individual's financial information and other personally identifiable data, such as Social Security Numbers.
2. I recognize that data accessed by me may only be used to conduct the research or service project as delineated by the project director in accordance with university and department or unit policies and procedures. I will not store, use, or access data except as permitted by the official policies and procedures of the university and my department or unit.
3. I recognize disclosure of data is governed by the policies and procedures of the university and my department or unit, as well as state and federal law. I will not release data in any circumstances other than those defined by the policies and procedures of the university or my department or unit; or as otherwise permitted or required by law, and only after proper identification and verification of identity and authority is ensured.
4. I will not share sign-on passwords or log-on information with anyone except as requested by my supervisor or department/unit head, by an information services professional in order to resolve a technology problem, or by a university official or law enforcement official in an emergency situation (as permitted or required by applicable law) and only after proper identification and verification of identity and authority is ensured. Lab environments that require use of single sign-in accounts and are isolated from public networks are excluded from this requirement.
5. I agree to report loss of a password, or any actual or attempted unauthorized access, use or disclosure of confidential data to my supervisor or department/unit head and to other university personnel or officials as required by the policies or procedures of the university or my department/unit.
6. I understand that violation of these policies and procedures may result in disciplinary action, including but not limited to, privilege revocation and/or suspension or termination.
7. I understand that my obligations under this Agreement will continue after termination of my relationship with the university. Upon termination, I will immediately return any documents or media containing confidential data to the university.
8. I have read and understand this document and the Life Span Institute at Parsons Integrated Policy for Protected and/or Confidential Data Security.

Name (Printed)

Signature

Date

Supervisor Signature

Date