

**SAN FRANCISCO STATE UNIVERSITY
CONFIDENTIALITY ACCESS AND COMPLIANCE FORM**

FOR: MPP ADMINISTRATORS, DEPARTMENT CHAIRS, AND PRINCIPAL INVESTIGATORS

RE: Employee Name: _____

Position: _____

Department _____

My signature below certifies that the employee named above is under my supervision and s/he requires access to personal/sensitive data because such data are relevant and necessary in the ordinary course of performing his/her job duties at the University. I understand my obligation is to orient this employee to ensure that s/he understands the state/federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including data accessible through oral, written, or electronic means.

Name _____ Signature _____ Date _____

FOR EMPLOYEES:

I certify that I have been oriented regarding the state and federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including information that is accessible through oral, written, or electronic means.

I understand that I am being granted access to this information/data based on my agreement to comply with the following terms and conditions:

- I will comply with state/federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including information that is accessible through oral, written, or electronic means
- My right to access information is strictly limited to the specific information/data that is relevant and necessary for me to perform my job-related duties
- I am prohibited from accessing information that is not relevant and necessary for me to perform my job-related duties
- I will be a responsible user of information, whether it relates to my own or another's unit
- I will store information that I obtain under secure conditions
- I will maintain the privacy and confidentiality of the information that I obtain
- I will make every reasonable effort to interpret the information I obtain in an accurate and professional manner and will not modify or delete information unless authorized to do so
- I will ensure that the recipient is authorized to receive information and understands his/her responsibilities as a user before sharing information/data with others by any means
- I will sign off the automated system when I am not actively using it
- I will keep my password(s) to myself and will not disclose it (them) to others unless my immediate supervisor authorizes such disclosure in writing
- I will store and secure confidential/sensitive information, data, reports, etc. in a manner that will maintain their confidentiality when I am not actively using it
- I will dispose of confidential/sensitive information/data in a manner that will preserve its confidentiality when I have finished using them
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I understand that if I misuse personal information/data/electronic systems that I obtain through my employment, I will be subject to disciplinary action up to and including termination.

I certify that I have read this Access and Compliance Form and I understand its terms and conditions.

Employee
Name _____ Signature _____ Date _____

AUTHORIZATION:

Leroy M. Morishita, Vice President for Administration and Finance

Date