UNIVERSITY OF WISCONSIN - SUPERIOR
Employee Confidentiality Acknowledgement

As an employee the University of Wisconsin-Superior (UWS), Department of _____, I acknowledge and understand my responsibilities as follows:
Confidential Information of UWS may be used for non-UWS purposes or released outside UWS only with appropriate authorization. For purposes of this document, Confidential Information is:

a. Information that could cause personal or institutional financial loss or the unauthorized release of which would be a violation of a statute, act or law. This includes but is not limited to:

i. Social Security Numbers
ii. Financial account or credit card numbers, pins, or passwords
iii. Drivers license numbers or state ID numbers
iv. Biometric identifiers
v. Student Educational Records protected under FERPA
vi. Patient health-care records protected under HIPAA and Wisconsin law
vii. Personnel records or related information

b. Information, the release of which, if accessed by unauthorized individuals, would constitute a violation of confidentiality agreed to as a condition of possessing or producing or transmitting data. This includes but is not limited to:

i. Trade secrets or information that may be purchased for the creation of patented or trade secret information. For example, unique or proprietary chemical formulas or computer code
ii. Data which the licensee guaranteed to keep in confidence as a stipulation for licensing of that data.
iii. Data which the University, by contract or other agreement, has committed to ensuring confidentiality.

c. Proprietary University information, the disclosure of which could cause harm to the University. This includes but is not limited to:

i. Logins/passwords.
ii. Business or planning information that has not yet been made publicly available.
iii. University information that is exempt from open records requests.

I understand and acknowledge that while UWS may authorize the disclosure of Confidential Information under certain circumstances, without that authorization, it is my responsibility to hold the confidential information of UWS and the Department in trust and confidence throughout my employment and after the termination of my employment with UWS. I understand my obligation to safeguard confidential records, and that I may not use or disclose them, directly or indirectly, except as may be necessary in the performance of my duties for UWS and the Department. I understand that any unauthorized disclosure could be highly damaging to UWS, its employees, students, donors, or others. I understand that my obligation to safeguard Confidential Information does not prohibit me from making reports under Wisconsin's Whistleblower Protection Law (Wis. Stat. § 230.80-89) nor diminish my right to freedom of speech as a state employee (Wis. Stat. §230.90).

I understand that I may not remove materials containing confidential information from UWS or the Department unless authorized to do so by my supervisor. Any and all such materials are the property of UWS and/or the Department. Upon termination of any assignment or as requested by my supervisor, I understand that I must return all such materials and copies to the Department.

I understand that I should contact my supervisor if I am asked to disclose confidential information or if I have questions relating to what constitutes a confidential record.

I understand that violation of the expectations outlined above could subject me to disciplinary action, including termination or legal action, or both, consistent with UWS's existing rules, policies, and agreements concerning employee discipline.

I acknowledge that I have read and understand the above information.

EMPLOYEE:

_____

Printed Name *Signature* *Signature Date*

HR PERSONNEL:

_____

Printed Name *Signature* *Signature Date*