

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

CONFIDENTIALITY AGREEMENT

I acknowledge receipt of TTUHSC OP 52.09, Confidential Information, including Attachment A – Information Security Plan for Financial Information. As defined in this OP and in any other Texas Tech University Health Sciences Center (TTUHSC) policy or applicable federal or state law, I agree to hold as strictly confidential “**Confidential Information**” to which I have access to or obtain as an employee, student, volunteer, or any member of the TTUHSC workforce with whom the entity for which I work has a relationship (contractual or otherwise) involving the exchange of any sensitive information.

I understand the importance of maintaining the strict confidentiality, both in accessing and releasing Confidential Information, and I agree to comply with applicable policies, laws and regulations in performing my duties and responsibilities as these relate to Confidential Information. I understand I must comply with TTUHSC policies and procedures, including, but not limited to:

- HSC OP 52.09, *Confidential Information*
- HSC OP 77.13, *Student Education Records*

I agree to the following:

1. **Only** access Confidential Information as required to perform my duties and responsibilities at TTUHSC.
2. Handle all Confidential Information, **whether written, electronic, oral or in some other form**, in such a way that it shall not be revealed or disclosed to an unauthorized person. This includes but is not limited to any unauthorized **electronic social networking sites or means**, such as twitter, Facebook, etc.
3. **Not** disclose Confidential Information now, or at any time in the future, except as required to perform my job duties and responsibilities at TTUHSC and then only to the extent disclosure is consistent with the authorized purpose for which the information was obtained.
4. Will **never**:
 - Share/disclose passwords.
 - Use tools or techniques to break/exploit/disable security measures.

I further agree that on or before the date of separation of my employment or association with TTUHSC for any reason, I will return any and all Confidential Information in any form, including paper or electronic, in my possession, custody or control to the appropriate TTUHSC authority, and I will destroy any and all duplicate Confidential Information that may remain on my personal electronic device(s) or that is otherwise under my personal control.

I acknowledge and agree that any breach of this Confidentiality Agreement by me may result in disciplinary action which may include immediate termination of my employment or affiliation with TTUHSC; further, I understand that such a breach may result in legal action.

The terms of this Confidentiality Agreement are effective immediately and apply to all Confidential Information I have obtained in the past as well as future Confidential Information. I understand that this document will become a part of my permanent employment, volunteer, and/or student record.

Signature of Employee, Student, Volunteer or any member of TTUHSC workforce

Date

Print Name

Tech ID R#