

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD

CONFIDENTIALITY ACCESS AND COMPLIANCE FORM

MPP ADMINISTRATORS AND DEPARTMENT CHAIRS

My signature below certifies that _____, an employee under my supervision, may require access to personal/sensitive data, because such data is 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 he/she understands the state and federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including data that is accessible through oral, written or by electronic means.

MPP Administrator or Department Chair

Name

Signature

Date

EMPLOYEE

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 data that is accessible through oral, written or by electronic means.

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

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

I understand that if I misuse personal information or data 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, I understand it, and I agree to comply with its terms and conditions.

Name (please print)

Signature

Date

.....

AUTHORIZATION

Cabinet Officer

AND

Date

President

OR

Date

Vice President for Administrative Services

Date