



CONFIDENTIALITY AGREEMENT ("AGREEMENT")
For Applicable University Employees and Volunteers

For purposes of this Agreement, "Confidential Information" means identifiable information, including student and employee personal record information; an individual's legal name, if different from the individual's lived name; medical, patient health, or mental health related information; trade secrets or proprietary information; attorney-client privileged information; financial and budgetary information; information related to University security, and matters specifically designated as confidential or reasonably construed to be confidential or proprietary. The Regents of the University of California ("University") is committed to upholding the privacy of all individuals in the University community and to appropriately protect Confidential Information. It is the intent of this Agreement to ensure that Confidential Information, in any format, is not divulged without explicit approval to do so by an authorized individual or the University. It is important to recall that while some Confidential Information may be subject to disclosure by the University, specific guidelines and University policies and protocols govern how information is released through the California Public Records Act, the Information Practices Act, and other laws.

Employees and Volunteers may be authorized access to Confidential Information as a condition of employment or service to the extent necessary and relevant to perform their duties or responsibilities. It is critical that Employees and or Volunteers, protect against unauthorized access, ensure the security and privacy, and disclose any actions that may threaten the security of Confidential Information. Employees and Volunteers are required to abide by all applicable Federal and State laws and University policies regarding confidentiality of data, including, but not limited to the Family Education Rights and Privacy Act (FERPA), the California Information Practices Act (IPA), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). By signing this Agreement all Employees and Volunteers accessing Confidential Information acknowledge that they understand how these laws and policies apply to their respective job functions, and agree to request training should they so desire.

As an Employee or Volunteer, I agree to abide by all terms of this Agreement, including as follows:

- 1. I will access and use Confidential Information solely for the purpose of performance of my assigned duties.
2. I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any Confidential Information except as properly authorized within the scope of my assigned duties.
3. I will not misuse or carelessly handle Confidential Information. I will be diligent not to release Confidential Information to non-signatories here to and/or to University employees who have not been authorized or who do not have a legitimate business need to know. I will take all necessary precautions to assure that proper administrative, technical, and physical safeguards are established and followed to protect Confidential Information.
4. I will not seek personal, financial or other benefit or participate in attempts by others to benefit personally, financially or otherwise from any Confidential Information.
5. I will immediately report any actions that come to my attention that may have violated or compromised this Agreement.
6. I understand that any questions regarding release of Confidential Information to another person should be directed to my supervisor or her/his/their designee.
7. I understand that my supervisor will seek assistance from the Associate Chancellor and/or the Office of Legal Affairs to address non-routine confidentiality matters that may arise.

I, _____, hereby acknowledge that I have read and understand the foregoing information, the Agreement, and completed the UC/UCR GRLN training, and that my signature represents my agreement to comply with the above terms and training(s). In the event of a breach of this Agreement, I acknowledge that the University may, as applicable and as deemed appropriate, pursue disciplinary action up to and including my termination from University employment or as a University Volunteer.

Employee's/Volunteer's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____