

## STATEMENT OF CONFIDENTIALITY

Appalachian State University maintains strict confidentiality requirements and regulations in compliance with the Gramm-Leach-Bliley Act (GLBA), the Family Educational Rights and Privacy Act of 1974 as amended (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), the North Carolina State Human Resources Act, and the European Union General Data Protection Regulation (GDPR), in addition to other applicable federal and state laws. These laws pertain to the security and privacy of all non-public information that may be considered “confidential” or “sensitive,” including student information, employee information, confidential information that is the property of a private party, and general university information whether it is in hard copy or electronic form.

“Confidential” information is information that is either exempt from disclosure under one of the exceptions to North Carolina’s Public Records Act or is prohibited from disclosure by some other applicable statute. Such “confidential” information includes, but is not limited to:

- Personnel file information;
- Student education records (other than directory information);
- Social security or employer taxpayer identification numbers;
- Driver’s license, State identification card, or passport numbers;
- Checking account numbers;
- Savings account numbers;
- Credit card numbers;
- Debit card numbers;
- Personal Identification (PIN) Codes;
- Digital signatures;
- Any other numbers or information that can be used to access a person’s financial resources;
- Biometric data;
- Fingerprints;
- Passwords;
- Third-party confidential information or trade secrets.

Disclosure of confidential information is unlawful and against University policies.

“Sensitive” information is information that may be contained in a “public” record within the meaning of the Public Records Act but that the person or entity who is the subject of the information would likely prefer not be made public unless such disclosure is required by law (e.g., in response to a request for such information under the Public Records Act). It is the policy of Appalachian State University to avoid disclosure of sensitive information except as required by law.

I understand that I may have access to confidential or sensitive information in the course of my work activities. As an employee of the University, I understand that I am responsible to use my best efforts to protect against unauthorized access to, or disclosure of, such information and to report any conduct or other facts that might result in unauthorized access to, or disclosure of such information. I will not release or disclose such information to any unauthorized person, including co-workers who do not

have a legitimate business/educational need to know. Any questions regarding release or disclosure of such information to another person will be directed to my supervisor.

I understand that Appalachian State University defines “Unauthorized Access” to be:

1. Access to confidential or sensitive information not necessary to carry out my job responsibilities, or for which I do not have signed authorization.
2. Release of confidential or sensitive information to unauthorized internal or external persons either in writing or verbally.
3. Release of more confidential or sensitive information to an authorized individual/agency than is essential for meeting the stated purpose of an approved request.
4. Disclosure of my system username, password, or access codes to an unauthorized individual, creating a risk of unauthorized access to confidential or sensitive information.

I understand that confidential or sensitive information may not be divulged, copied, released, sold, loaned, reviewed, altered or destroyed, except as properly authorized within the scope of applicable federal or state laws.

I understand that I will be held responsible for the misuse or wrongful disclosure of confidential information and/or for my failure to safeguard my system username, password or access codes to confidential information, and I further acknowledge responsibility for all activities undertaken using my system username, password or access codes.

I have read, understand and agree to comply with the above guidelines. I understand that failure to do so may subject me to loss of access to the University’s databases and/or other University systems, and/or may subject me to disciplinary measures as outlined in the University’s policies and procedures for performance expectations for faculty and staff which may include suspension or termination of employment. I further understand that divulging confidential information to unauthorized persons may make me subject to civil or criminal penalties under applicable laws and regulations.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Department Name: \_\_\_\_\_

Date: \_\_\_\_\_