

**CONFIDENTIALITY ACKNOWLEDGEMENT**

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University of the Pacific policy treats certain information and communications as Confidential or Restricted Access information (*Computing and Communications Confidentiality Policy*, Information Technology Policies <http://web.pacific.edu/x16303.xml>)

It is also University policy that users of University computing and communications resources are responsible for taking appropriate steps to safeguard Confidential and Restricted Access information (*Acceptable Use Policy*, Information Technology Policies <http://web.pacific.edu/x16303.xml>).

Pacific, through its employees, must protect the confidentiality of all aspects of Confidential and Restricted Access information in accordance the Family Educational Rights & Privacy Act (FERPA) as amended (20 U.S.C. 1232(G)), Gramm-Leach-Bliley Act (GLBA), the Health Insurance Portability and Accountability Act (HIPAA) and other laws.

By signing this form, I understand my responsibilities to adhere to University policies and I agree that I will not, outside of the performance of my authorized duties, access, print, copy, or disclose Confidential or Restricted Access information to anyone. I understand that any breach of my responsibilities may result in disciplinary action in accordance with University policies.

_____ Signature	_____ Date
_____ Print or Type Name	98_____ Identification Number
_____ Department/Unit	_____ Phone

Please return completed form to Human Resources.