



EMPLOYEE

CONFIDENTIALITY STATEMENT

During the course of my employment at Utica University, I hereby acknowledge that I may have access to information that is of a confidential nature, including, but not limited to, medical records, financial information and student records, which are prohibited from disclosure under state and federal law.

I hereby agree that I shall not transfer, disclose, discuss, copy or otherwise transmit, either verbally, in writing, or by electronic communication any information which I obtain during the course of my employment, unless said disclosure or transfer is required as a part of my performance of my duties and responsibilities.

I further agree and understand that the information I obtain during my employment is to remain confidential and my failure to keep all information confidential can result in disciplinary action, including, but not limited to, suspension or termination.

Please Print Name _____

Signature: _____ Date: _____