

## CONTRACTOR CONFIDENTIALITY ACKNOWLEDGEMENT

I perform work for The University of Texas Health Science Center at Houston which requires me to have access to information that may be confidential. Confidential information includes, but is not limited to human subject research information, patient health information, social security numbers, protected student records, and payroll records.

I agree to hold completely confidential all information or data to which I gain access during the course of my work at the university except as required for the performance of my duties. I acknowledge it is inappropriate and may be unlawful to discuss any confidential information with others who do not otherwise have a need to know the information.

In addition, I acknowledge my understanding that confidential information must be handled in a secure manner, to include the following:

- a) Confidential information should not be displayed on documents, computer screens, mobile devices, etc., that can be seen by the general public unless required by law.
- b) Mailed materials containing confidential information should be designed so that confidential information does not show through the envelope window.
- c) Confidential information is not to be sent over the internet or via email unless encrypted or otherwise secured.
- d) Access to records containing confidential information should be limited to employees/contractors who need access for performance of job duties.
- e) Confidential information should not be stored on computers or other electronic devices that are not encrypted and secured against unauthorized access.
- f) Confidential information should not be shared with third parties (e.g. cloud providers) unless they have been formally authorized by the university.
- g) Records and media (disks, hard drives, etc.) containing confidential information must be discarded in a way that protects the confidentiality of confidential information.
- h) Each contractor must promptly report inappropriate or suspected disclosure of confidential information to his/her supervisor, who is to report such disclosures to the university's Chief Information Security Officer.

I understand the university may take appropriate measures against me or any contract employee whose behavior is unlawful or obstructs/disrupts the normal functioning of the university and the authorized activities of the campus. In some circumstances, criminal penalties and/or civil liability may result from the willful abuse of the privileges granted to me in order to perform my job duties.

**I have read and will abide by the above confidentiality standards.**

**PRINT First Name** \_\_\_\_\_ **Middle** \_\_\_\_\_  
**Initial:** \_\_\_\_\_

**PRINT Last Name** \_\_\_\_\_

INTERNAL USE ONLY

Guest ID: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_