

Employee Name:  
Division and/or Department:

## **CONFIDENTIALITY AGREEMENT**

### **BROCK UNIVERSITY**

All employees with access to records or documents or information (in whatever format i.e. hard copy, verbal, electronic etc.), which contain confidential information, are responsible for maintaining the integrity and confidentiality of those records.

The agreement set out below must be adhered to without exception. Employees of this Division/Department \_\_\_\_\_ who have access to confidential information are: (indicate above: Division and/or Department)

1. Not to make or permit unauthorized access to this information;
2. Not to release confidential information to any person except permanent authorized Divisional/Department employees, as authorized by their supervisor(s) and/or required for their position's responsibilities;
3. Not to make personal use of confidential information, which has come to them in the conduct of their University duties;
4. Not to remove any official record from the office where it is kept except in the performance of their duties (this includes originals and photocopies of any documents);
6. To report any violations of the integrity or confidentiality of any records or documents to their supervisor(s).

Please sign the statement below.

I have read and understood and will adhere to the above policy.

\_\_\_\_\_  
Employee (Please Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Please Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date