



EMPLOYEE CARE OF CONFIDENTIAL INFORMATION FORM

Employee Name: _____ **Employee ID #:** _____

Department: _____

I acknowledge that while performing my assigned duties at Wartburg College, I may use or otherwise have access to Confidential Information.

I understand that Confidential Information may or may not be clearly labeled as “confidential.” It includes, but is not limited to, strategic plans, contracts and licenses, financial reports, health-related information, marketing strategies, student financial aid, grades, donor giving history, credit card information, and/or other data. Confidential information may be subject to state or federal laws (e.g., FERPA, HIPAA), industry standards (e.g., PCA compliance), and/or College policies regarding protection of data.

Confidential Information may be in written or oral form. Confidential Information may include information that may be and/or previously has been disclosed, in other contexts, to other parties.

Confidential Information may be owned by Wartburg College or by those who have a relationship with Wartburg College. This includes, but is not limited to:

- Employees or former employees, and/or their family members
- Students or prospective students, and/or their family members
- Alumni and friends
- Members of the Board of Regents, and/or a Board committee or subcommittee
- Donors or prospective donors, and/or their family members
- Health care providers
- Insurance companies
- Government entities or agencies
- Other colleges
- Other persons and/or organizations who have or may enter into a relationship with Wartburg College

I understand that the disclosure of any Confidential Information may be harmful to Wartburg College or to other persons or organizations, and may expose Wartburg College and others to significant legal liability. I understand that I am to handle Confidential Information in a private and confidential manner at all times, both during and after my employment by Wartburg College.

Specifically, I understand that I have the following obligations:

1. I will use and disclose Confidential Information solely in accordance with Wartburg College policies, as well as any relevant laws, industry-specific requirements, or other policies that are applicable to the Confidential Information. I agree to familiarize myself with any periodic updates or changes to such policies in a timely manner.
2. I will use and disclose Confidential Information only in connection with and for the sole purpose of performing my assigned duties.
3. I will request, obtain, or communicate Confidential Information only as necessary to perform my assigned duties. I will refrain from requesting, obtaining or communicating more Confidential Information than is necessary to accomplish my assigned duties.
4. I will take reasonable care to properly secure Confidential Information on my computer and will take steps to ensure that others cannot view or access such information.
5. If I become aware of any unauthorized use or disclosure of Confidential Information, then I will immediately report the use or disclosure to the appropriate supervisor.
6. If I am uncertain whether information is considered confidential, if I am unclear about my responsibilities for the care of Confidential Information, and/or if I have any questions related to Wartburg College confidentiality policies, I will seek clarification from the appropriate supervisor.

I understand that my failure to handle Confidential Information in a private and confidential manner at all times or to fulfill any of the obligations described above may result in appropriate disciplinary action.

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____