**SPARC Council Confidentiality Access and Compliance Form**

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| Employee Name: |  | | | | | |  |
| Position: |  | | | | | |  |
|  |  |  | | |  | |  |
| My signature below certifies that the employee named above is under my supervision and that he/she requires access to personal/sensitive data because such data are relevant and necessary in the ordinary course of performing his/her job duties for SPARC Council. I understand my obligation is to orient this employee to ensure that he/she understands the state and federal laws and SPARC Council policies that govern access to and use of information contained in employee, applicant, and student records, including data accessible through oral, written, or electronic means. | | | | | | | |
|  |  | |  |  | |  | |
| Name: |  | |  | Title: | |  | |
| Signature: |  | |  | Date: | |  | |
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**For Employees:**

I certify that I have been oriented regarding the state and federal laws and SPARC Council policies that govern access to and use of information contained employee, applicant, and student records, including data accessible through oral, written, or electronic means.

I understand that I am being granted access to this information based on my agreement to comply with the following terms and conditions:

* I will comply with federal and state laws and SPARC Council policies that govern access to and use of information contained in employee, applicant, and student records, including data accessible through oral, written and electronic means;
* My right to access information is strictly limited to the specific information that is relevant and necessary for me to perform my job related duties;
* I am prohibited from accessing information that is not relevant and necessary for me to perform my job related duties;
* I will be a responsible user of information, whether it relates to my own or another SPARC Council service location;
* I will make every reasonable effort to interpret the information I obtain in an accurate and professional manner and will not modify or delete information unless authorized to do so;
* I will ensure that another recipient is authorized to receive information and understands his/her responsibilities as a user;
* I will sign off any online system when I am not actively using it;
* I will keep my password(s) to myself and will not disclose it (them) to others unless my immediate supervisor authorizes such discloser in writing;
* I will store and secure confidential information, data, reports, etc. in a manner that will preserve their confidentiality;
* I will dispose of confidential information, data, reports, etc in a manner that will preserve their confidentiality.

I understand that if I misuse confidential information, data, reports, etc. that I obtain through my employment, I will be subject to disciplinary action up to and including termination.

I certify that I have read this Access and Compliance Form, and I understand its terms and conditions.

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| **Employee Signature:** |  | **Date:** |  |