

Supersedes Policy No: Date:	<b>FLORIDA MEMORIAL UNIVERSITY INFORMATION MANAGEMENT AND TECHNOLOGY  POLICIES AND PROCEDURES</b>	<b>Policy No: PN0027</b> <b>Effective Date: 8/1/02</b> Attachment(s): Data Access Form
<b>SUBJECT: Data Access Confidentiality Statement and Form</b>		

(Approved by the Board of Trustees on July 26, 2002)  
Updated 9/07  
Updated 05/14  
Updated 04/15

**POLICY:** All Florida Memorial University employees are required to sign and return the Data Access Confidentiality Statement and Form in order to gain access to Florida Memorial University institutional data.

**PROCEDURE:** To insure completion of your request for access, please follow the steps provided below. **A 48-hour turnaround is required for completion of all access requests.** If you have any questions, please contact the Information Management and Technology Helpdesk at Ext 3191.

**Step 1)** Call the Helpdesk and request the Data Access Confidentiality Statement and Form. The IMT Helpdesk then forwards the form to the requestor and a ticket is entered into the IMT tracking system.

**Step 2)** The Data Access Confidentiality Statement and Form is completed in its entirety and returned to the Helpdesk.

- a. The original Data Access Confidentiality Statement is signed by the user
- b. The user completes section 1 and signs the Data Access form (section 4)
- c. The supervisor completes sections 2 and 3 and signs the Data Access form (section 4). User access to each group or program must be specifically checked on the Group and Program Checklist Authorization section of the request form by the supervisor. *Note: The supervisor must also sign this section.*
- d. The cabinet representative signs the Data Access form (section 4).
- e. The Data Access Confidentiality Statement and Form with completed checklist is returned to the Helpdesk.

**Step 3)** IMT Administrative Computing processes the Data Access form.

- a. User account is created
- b. User Sign on and Operator ID is created
- c. Account is verified
- d. The completed access form is returned to user via Campus Mail

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- e. The original Access Confidentiality Statement is forwarded to Human Resources for storage in the employee's personnel folder



**DIVISION OF INFORMATION MANAGEMENT AND TECHNOLOGY  
CONFIDENTIALITY STATEMENT**

Employees of Florida Memorial University are provided computer access to student, employee and vendor information (institutional information) due to the nature of our services. In all cases, this information is regarded as confidential. Institutional information is not to be given to anyone inside or outside of the University without proper consent. User access information (ID and password) is to be kept confidential and is not to be shared under any circumstance. If it is found that an employee shared his or her user access information, proper disciplinary action will follow. All Users will be held responsible for their user access information and any activity generated by use of their user access information.

In addition, any misuse of confidential information by a student, faculty or staff member will be reported accordingly. The proper disciplinary action will follow. All employees of Florida Memorial University are subject to uphold the University ethical standards with respect to confidential data and access to that data.

All user access records shall be kept confidential and shall be handled in compliance with applicable Federal and State statutes and Florida Memorial University policies and procedures.

I, \_\_\_\_\_, state that I have read the Confidentiality Section 5.6 of the Human Resources Policies and Procedures Manual.

I understand that I may be provided access to information defined as confidential by Florida Memorial University.

I AGREE TO RESPECT THE CONFIDENTIALITY OF USER INFORMATION in the following circumstances:

---I will access confidential information only when it is necessary to fulfill the requirements of my position responsibilities.

---I will not reveal any confidential information learned as a result of my position, except under the special circumstances specified by Florida Memorial University cabinet representatives.

---I understand that breach of confidentiality may result in disciplinary action and/or dismissal.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

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