



100 Purpose Road • Pippa Passes, Kentucky 41844 • (606) 368-2101

Alice Lloyd College Statement of Confidentiality Form

It is understood and agreed to that the identified discloser of confidential information may provide certain information that is and must be kept confidential. To ensure the protection of such information, and to preserve any confidentiality necessary laws, it is agreed that:

I understand that I shall use the Confidential Information only for the purpose of my work at Alice Lloyd College.

I shall limit disclosure of Confidential Information within its own organization to its directors, officers, employees and/or independent contractors (collectively referred to as “affiliates”) having a need to know. The Recipient and affiliates will not disclose the confidential information obtained from the discloser unless required to do so by law.

I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law.

I understand that by the virtue of my employment with Alice Lloyd College I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the **Family Educational Rights and Privacy Act (FERPA)** of 1974 or the **Health Insurance Portability and Accountability Act** of 1996 (HIPPA). I further acknowledge that such willful or unauthorized disclosure also violates Alice Lloyd College’s policy and could constitute just cause for disciplinary action up to and including termination of my employment regardless of whether criminal or civil penalties are imposed.

I understand that I will not take any actions that may compromise a breach of confidential information, such as but not limited to: leaving hardcopies of information for others to access, emailing information to others that should not have access, copying information, or insecure saving of information to a computer or removable media.

If there is a breach or threatened breach of any provision of this Agreement, it is agreed and understood that I may be subject for review of my actions.

PRINT NAME

SIGNATURE

DEPARTMENT

DATE

If this is a student worker, approved by: _____