



Thiel College Confidentiality Policy

All individuals serving as employees or in any non-compensated position (volunteer, intern, etc.) of Thiel College have an ethical and legal responsibility to protect confidential information of the College, its employees and its students, during and after his/her service with the College. Such confidential information includes, for example, information protected by the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), financial data, employee, student or alumni information, recruiting procedures, operating procedures, or any other proprietary information acquired through service with the College. This information is protected by state and federal privacy laws and must be kept strictly confidential. It is not to be disclosed outside the College and cannot be used except as necessary in the normal course of business. Questions regarding the nature and scope of disclosure of confidential information should be directed to the Office of Human Resources.

As a condition of employment or a volunteer relationship with Thiel College, individuals are required to acknowledge this obligation by signing a "Confidentiality Agreement." Violation of this Policy and/or this Agreement will result in discipline, up to and including, but not limited to, termination of service.

Care should be taken to protect confidential information from disclosure. It should be marked "confidential," kept out of sight and stored in locked cabinets or drawers when not in use.



Thiel College Confidentiality Agreement

I have read and understand the Thiel College Confidentiality Policy. As a condition of my employment or volunteer relationship with the _____ Department of Thiel College, I hereby agree to abide by the terms and conditions of the Thiel College Confidentiality Policy. I understand that a violation of the Thiel College Confidentiality Policy will result in discipline, up to and including, but not limited to, termination of my relationship with _____ Department.

I specifically agree to refrain from disclosing information in a manner that violates the Thiel College Confidentiality Policy, including information protected by the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), financial data, employee, student or alumni information, recruiting procedures, operating procedures, or any other proprietary information acquired through my relationship with the College.

Signature

Date

Print Name