

Confidentiality Requirements for Personal Identifiable Information

Acknowledgement Form

I understand that to fulfill the duties and responsibilities of my job, I may need to access personally identifiable information (PII) belonging to other individuals which are sensitive and/or confidential in nature. Such information may include, but is not limited to:

- Social Security Number, Home and mailing address, Home phone number, Date of Birth/Age, Ethnicity, etc.
- Health/Medical records including anything covered by the Health Insurance Portability and Accountability Act (HIPAA)
- Job applicant records (Names, transcripts, etc.)
- Employment and payroll records
- UH Usernames, passwords, "secret questions and answers" or other ID/password combinations for applications that contain or use personally identifiable information
- Credit card, debit card or credit-related information
- Bank account information

I understand that confidentiality of PII is protected by Chapter 92F (Uniform Information Practices Act) of the Hawai'i State Revised Statutes, the Federal Privacy Act of 1974, and other applicable state and federal laws and Research Corporation of the University of Hawai'i policies. (RCUH employees working for University of Hawaii projects are subject to confidentiality and PII policies and procedures applicable the University, College, Institute, or other applicable UH entity. RCUH employees working for non-UH projects are subject to confidentiality and PII policies and procedures of that business entity.)

I understand the confidential nature of private information regarding members of the RCUH community and understand that it is my responsibility to respect and protect the confidentiality of this information.

I understand that accessing or seeking to gain access to PII except in the course of fulfilling my job responsibilities is prohibited. I further understand that disclosing, using or altering any such information without proper authorization is also prohibited. If I have any questions regarding access, use, or disclosure of such information, I understand that it is my responsibility to consult with my supervisor prior to taking any action.

I understand that it is my responsibility to keep my own RCUH or applicable business entity's Username and password confidential and that I am not to allow others to use my active sessions other than to resolve specific problems. I also understand that using another person's RCUH or applicable business entity's Username and password is prohibited unless given explicit permission to do so to resolve a

reported problem. It is my responsibility to keep my Username/password combination(s) for all electronic applications confidential and sharing or transferring it to any other person is not allowed. I understand that it is my responsibility to notify my supervisor and/or the RCUH or applicable business entity's Information Systems Security Officer (with RCUH Human Resources Department for RCUH HR System and RCUH Executive Office for RCUH Financial System, or applicable business entity's Information Security Officer, i.e., UH Information Technology Services) if my Username and Password, PII data, or personal computer have been compromised.

I understand that electronic transactions on RCUH or applicable business entity's information systems may be automatically logged and that the logs of my actions may be routinely reviewed as part of the RCUH's information security assurance program.

I have read and understand my responsibilities under applicable RCUH 3.480 Electronic Communications Policy , 3.710 RCUH System Security Policy and 3.950 Destruction of Personal Information Policy or as applicable UH Executive Policy: E2.210 "Use and Management of Information Technology Resources" and E2.214 "Security and Protection of Sensitive Information" or similar applicable business entity's policies and procedures.

I understand that if I store any PII on any personal computer or server that it is my responsibility to ensure that the computer is secured and managed in accordance with applicable RCUH or applicable business entity's policies and procedures.

I understand that failure to abide by this notice may result in disciplinary action in accordance with RCUH or applicable business entity's policies and procedures, and State and federal laws up to and including dismissal.

Return your signed copy to the RCUH Human Resources Department. A copy will be kept in your personnel file.

Signature: _____

Date: _____

Name (print): _____