



Contractor Confidentiality Acknowledgement

I perform work for The University of Texas Health Science Center at Houston which requires me to have access to information that may be confidential or sensitive. Some of this information is confidential by law and some is merely private.

I agree to hold completely confidential any and all information or data to which I gain access during the course of my work at the university except as required for the performance of my duties. I acknowledge it is inappropriate and may be unlawful to discuss any private or confidential information with others who do not otherwise have a need to know the information.

In addition, I acknowledge my understanding that social security numbers (SSNs) must be handled in a confidential manner, to include the following:

- a) SSNs should not be displayed on documents, computer screens, PDAs, etc., that can be seen by the general public unless required by law.
- b) Mailed materials containing SSNs should be designed so that SSNs do not show through the envelope window.
- c) SSNs are not to be sent over the internet or via email unless encrypted or otherwise secured.
- d) Access to records containing SSNs should be limited to employees/contractors who need access for performance of job duties.
- e) Records with SSNs should not be stored on computers or other electronic devices that are not secured against unauthorized access.
- f) SSNs should not be shared with third parties unless they have been formally authorized by the university.
- g) Notices required by the Federal Privacy Act and state law must be given each time the university requests disclosure of an SSN, except when the university is already in possession of an individual's SSN and requests it for verification purposes.
- h) Records and media (disks, hard drives, etc.) containing SSNs must be discarded in a way that protects the confidentiality of SSNs.
- i) Each contractor must promptly report inappropriate or suspected disclosure of SSNs to his/her supervisor, who is to report such disclosures to the university's Chief Information Security Officer.

I understand the university may take appropriate measures against any me or any contract employee whose behavior is unlawful or obstructs/disrupts the normal functioning of the university and the authorized activities of the campus. In some circumstances, criminal penalties and/or civil liability may result from the willful abuse of the privileges granted to me in order to perform my job duties.

I have read and will abide by the above confidentiality standards.

PRINT First Name _____ **Middle Initial:** _____

PRINT Last Name _____

INTERNAL USE ONLY
Guest ID: _____

SIGNATURE: _____

DATE: _____