

Mecosta-Osceola Intermediate School District

USE OF CONFIDENTIAL INFORMATION AND NON-DISCLOSURE AGREEMENT

I, _____, understand and acknowledge that in the course of my employment relationship with the Mecosta-Osceola Intermediate School District (MOISD) that I may come in contact with confidential and personal information (hereinafter "information"), kept and maintained by the district, in the normal course of my employment responsibilities.

1. I understand and agree that it is my responsibility to maintain the confidentiality of any and all data, in addition to information already protected by HIPAA and FERPA, that could be considered confidential and/or personal in nature and to take every precaution to ensure that information of this type is protected and remains confidential.
2. I agree that any such information that I may come in contact with, in the course of my employment responsibilities, should only be used for its' intended business purpose.
3. I agree that the unauthorized reproduction or disclosure of this type of information is strictly prohibited.
4. I agree that I will not allow unauthorized use of, either directly or indirectly, any information received from MOISD.
5. I agree that I will not disclose, publish, or otherwise reveal any of the information received from MOISD to any other person or entity whatsoever outside the course of my responsibilities.
6. I understand and agree to follow the guidelines set forth by MOISD in regard to the handling of confidential and personal information both while employed and after leaving employment of the MOISD.
7. I acknowledge that the failure to do so may result in disciplinary action or immediate dismissal.
8. I understand that I can be held accountable under State and Federal laws that regulate the handling of confidential and personal information for the unauthorized duplication, disclosure or other failure to safeguard any such information.
9. I acknowledge that failure to protect confidential and/or personal information within the confines of my responsibilities could and probably will result in significant financial damages.
10. I acknowledge that, should I be responsible for a breach of the confidentiality of said information, MOISD may seek financial damages, costs of litigation, actual attorney's fees and any such other and further relief that a court of competent jurisdiction may impose in good conscience.

My signature below indicates that I have read and understand my responsibilities under this "Use of Confidential Information and Non-Disclosure Agreement."

Employee/Contractor Signature

Date Signed

Printed Name

Department