

PEOPLESOFT

Confidentiality Statement

In the normal course of utilizing the PeopleSoft System for New York Medical College, I recognize that I will have access to College employee, student and faculty records information which include confidential and privileged information.

By my signature below I agree that I will:

1. Make every effort to keep all personal data, employee information, student or faculty information and departmental/budget information confidential.
2. Not discuss or provide any of the above information to anyone outside the College, except as required by College policy or law.
3. Only discuss above mentioned information with individuals within the College on a "need to know" basis, in a private and confidential manner.
4. Contact and obtain approval from the Associate VP or Associate Directors, Human Resources when providing above mentioned information to individuals who's "need to know" is questionable.

Employee Name: _____

Employee Signature: _____ Date: _____

This signed statement will be maintained in Human Resources in the employees Central Records File and updated as deemed necessary.