



Confidentiality Agreement

I _____, hereby acknowledge and undertake as follows:

1. As an employee of the University of Lethbridge I may be provided with or otherwise have access to information that is personal, confidential, or proprietary in nature. For the purposes of this agreement, Confidential Information means:
 - a. "personal information" as defined by the Alberta Freedom of Information and Protection of Privacy Act (FOIP);
 - b. University research, data, information, findings and trade secrets that are protected by law, policy or contract;
 - c. University financial information including budget submissions, bidding, and negotiations either internal or external to the University;
 - d. Information marked, or described as confidential under any other University policy, rule or directive.
2. I will not access or disclose Confidential Information unless it is necessary for the performance of my duties or obligations in the course of my employment with the University of Lethbridge. I further agree to use any Confidential Information only for the purpose that it was collected.
3. When I become aware that Confidential Information has been lost or stolen, shared in an unauthorized way, or any other form of a privacy breach has occurred I will immediately disclose the breach to my supervisor(s) and any other appropriate persons including the Privacy Office at the University of Lethbridge.
4. I will maintain Confidential Information in strict confidence sharing it only with those authorized to receive it and require it for the performance of their duties at the University of Lethbridge.
5. I will comply with all applicable privacy laws and regulations that apply to the collection, use and disclosure of personal information, including the provisions of FOIP. I will further comply with all privacy and confidentiality policies of the University of Lethbridge.
6. This Agreement, and my obligation to maintain the confidentiality of all Confidential Information shall survive my completion/termination of employment at the University of Lethbridge. I will immediately return to the University all electronic or written documents or records in my possession that contain, or may contain Confidential Information at the conclusion of my employment.
7. If uncertain whether information is Confidential Information, I will check with my supervisor(s) before accessing, using or disclosing it.
8. I understand that a breach of confidentiality or misuse of Confidential Information could result in disciplinary action in accordance with the relevant manual, agreement, or handbook, up to and including termination of employment, and legal action during or following my employment with the University.

Name

Signature

Date