

Subject: **Confidentiality**

Applies to: All University Faculty and Staff

- I. **Policy:** The University has a responsibility to provide and maintain confidentiality for all faculty, staff, patients and students. The intent of this policy is to meet regulatory responsibility as well as ensure an environment that complements our mission as a provider of health care, research and education. All confidential information should be maintained in a manner that ensures complete privacy for those involved.

“Confidential information” includes, but is not limited to, medical, financial, or any personal identification information related to staff, faculty, patients, and students. Such information must be maintained as confidential regardless of its source. Sources may include, but are not limited to, medical records, physicians’ notes, student records, email, voicemail, inter/intranet, payroll, financial systems, patient registration systems and all other computer applications.

II. **Guidelines:**

- A. Faculty and staff may have access to both confidential and non-confidential information as part of their work life. Any information related to faculty, staff, patients, and students should be considered confidential unless otherwise stated.
- B. Unauthorized and/or improper use or disclosure of confidential information may result in corrective action, up to and including termination.
- C. Unauthorized access in any form (including tape recorder devices or cell phones), use, or disclosure of confidential information may also violate federal and/or state law and may result in criminal and civil penalties.

III. **Procedures:**

- A. All University faculty and staff share the responsibility for maintaining a confidential work environment by adhering to the provisions of this policy.
- B. Deans, Directors and Department Heads responsible for programs taking place within the University’s various work areas/buildings will ensure compliance with this policy.
- C. Violators of the University’s confidentiality policy will be subject to disciplinary action.

See also: Policy #154 Corrective Discipline  
SMH Policy #6.2.1  
HIPAA Privacy and Security Policies  
Code of Conduct for Business Activities