

Policy Title: Confidentiality and Data Control

Policy Type: Finance/Administration (Advancement)

New/revised: New

Old Policy #: N/A

Approval level: Board of Trustees
 President
 Vice President
 Other (specify here) ETSU Executive Team (7/24/17)

Attachments:

- A. Employee Confidentiality Agreement
- B. Work Study/Graduate Assistant Confidentiality Agreement
- C. Volunteer Confidentiality Agreement

1. Purpose:

- a. This policy serves to protect the personal and professional information of all Advancement constituents and their families
- b. This policy provides for institutional and individual employee and volunteer agreement documentation

2. Policy:

- a. University Advancement recognizes that efficient advancement operations require the maintenance and management of extensive donor and prospect records which must be kept confidential at all times.
- b. Donor & other constituent records are protected confidential records and should not be discussed with or disclosed to anyone except co-workers who are specifically authorized to have access to such information and any person or company with whom the institution contracts for relevant services.

3. Process/Procedures:

- a. A confidentiality agreement will be signed by every permanent and temporary employee, including undergraduate students and graduate assistants.
- b. A confidentiality agreement will be signed by any volunteer given access to confidential information. In addition, the memorandum of agreement for volunteers must be completed.
- c. Original agreements will be kept on file in Advancement Services with Banner Account Request Forms, for as long as individuals are employed/actively volunteering.
- d. A copy of the signed form will be given to each employee/volunteer.
- e. Requests for access to the Advancement database, related software and reports require completion of an Advancement Account Request Form found at:
<https://webapps.etsu.edu/ITSRequest/BannerAdvancementAccess/55503>

- f. East Tennessee State University Foundation will honor the request of any constituent who wishes to keep his/her information completely anonymous (except for tax receipting purposes and other disclosure required by law).
- g. It is the responsibility of every user of Advancement data to send information updates to Advancement Services as incorrect/missing data is obtained.

Attachment A – Confidentiality Agreement - Employee

East Tennessee State University

I, _____, acknowledge the confidential nature of non-public information regarding our donors and other constituents. I will respect and safeguard the privacy of these members of the ETSU community and the confidential nature of their information. I understand that in this context, confidential information is considered to be all non-public information that can be personally associated with an individual or organization.

I will not use another's computer sign-on credentials or provide the use of an individual's credentials to gain access to confidential information without proper authorization. I will not disclose confidential information to those who are not authorized to receive it. I will not copy or preserve by paper or in writing, by electronic or any other means, confidential information without proper authorization.

I understand that passwords are the equivalent of my signature. I understand that I will only access information that is required for me to perform my assigned tasks. I acknowledge that if I disclose passwords to any other person, I will be fully accountable and responsible for any use or misuse by that individual to the same extent as if I had performed that act or omission. If I believe I have been asked to access or release information that lies outside my defined job responsibilities, I will notify my supervisor or the Vice President of Advancement and request guidance.

I agree that if I become either a volunteer or paid consultant for any other organization or institution for which any part of my duties or responsibilities involve identifying, cultivating, and/or soliciting potential donors for the organization or institution, I will immediately inform my supervisor in writing.

Under certain circumstances, disclosure of confidential information may be punishable as a criminal offense. I understand and agree that a violation of any portion of the confidentiality policy renders me subject to disciplinary or corrective actions that may result in sanctions including, but not limited to, expulsion, discharge, and/or revocation of employee privileges.

I have read and understand this policy and have received a copy for future reference. I agree to abide by this policy to the best of my ability.

SIGNATURE

DATE

PRINT FULL NAME

Attachment B – Confidentiality Agreement – Students & Graduate Assistants

East Tennessee State University

I, _____, acknowledge that in the course of my work for the Advancement Office at East Tennessee State University, I may have access to documents, data or other information, some or all of which may be confidential in nature, whether or not it is specifically labeled or identified as confidential.

Except as required by my activities for the University, I agree not to directly or indirectly use, publish, disseminate, or otherwise disclose to any third party, or use for personal gain, any information acquired in the course of my activities either during or after my temporary assignment with the Advancement office.

I understand that passwords are the equivalent of my signature. I understand that I will only access information that is required for me to perform my assigned tasks. I acknowledge that if I disclose passwords to any other person, I will be fully accountable and responsible for any use or misuse by that individual to the same extent as if I had performed that act or omission. If I believe I have been asked to access or release information that lies outside my defined job responsibilities, I will notify my supervisor or the Vice President of Advancement and request guidance.

I have read and understand this policy and have received a copy for future reference. I agree to abide by this policy to the best of my ability.

SIGNATURE

DATE

PRINT FULL NAME

Attachment C – Confidentiality Agreement - Volunteers

East Tennessee State University

I, _____, acknowledge that in the course of my work or volunteer activities for the Advancement Office at East Tennessee State University, I may have access to documents, data or other information, some or all of which may be confidential in nature, whether or not it is specifically labeled or identified as confidential.

Except as required by my activities for the University, I agree not to directly or indirectly use, publish, disseminate, or otherwise disclose to any third party, or use for personal gain, any information acquired in the course of my activities either during or after my temporary assignment with the Advancement office.

I have read and understand this policy and have received a copy for future reference. I agree to abide by this policy to the best of my ability.

SIGNATURE

DATE

PRINT FULL NAME