



**University at Buffalo**  
*The State University of New York*

University Administrative Information Systems

## **ACCESS TO INFORMATION COMPLIANCE FORM**

Personnel, student, financial, medical, and patient information contained within University at Buffalo's Information Systems and external SUNY Systems are considered confidential. Access to this confidential information and any other information made confidential by law and University at Buffalo policy is limited to those individuals whose position requires use of this information. By signing the statement below, you are acknowledging your acceptance and adherence to the confidentiality requirements imposed by federal and state law and University at Buffalo policy. If you have questions about the legitimate use or release of information, please contact the Data Trustee as outlined in the University [Information Security: Data Access and Security Policy](#) on the policy web site or your supervisor.

By virtue of my position at the University at Buffalo, I may have access to information which is confidential and is not to be disclosed to any person or entity without appropriate authorization, subpoena, or court order. In order to access confidential information, I agree to adhere to the following guidelines:

1. I understand and acknowledge that improper or inappropriate use of data in the University's Information Systems is a violation of University procedures and may also constitute a violation of federal and state laws.
2. I will only use confidential information in a manner consistent with my authorized access, and the duties and responsibilities of my position
3. I will not provide confidential information to any individual or entity without proper authorization.
4. I will not review records or files for which I do not have a legitimate need to know in order to perform my duties.
5. I will not make copies of any records or data except as required in performance of my duties.
6. I will destroy any confidential information for which I no longer have an official business use in a manner appropriate to the medium and consistent with the applicable New York State, Federal, and University Record Retention policies.
7. I will not share any User ID and Password used to access University at Buffalo resources with anyone, including my support staff.
8. I will not use the data for personal use or for commercial purposes

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<sup>1</sup> The Federal Family Educational Rights and Privacy Act (FERPA) govern the disclosure of information from student records [20 U.S.C. § 1232g]. Health information is governed by and protected by state and federal statutes including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Public Health Law §18. The Gramm-Leach-Bliley Act (GLBA) protects financial information. Social Security Number disclosure is governed by the Federal Privacy Act of 1974 and NY State law, which tracks the Federal Privacy Act and limits the collection and use of social security numbers by colleges/universities.

9. I will refer all requests for information from law enforcement or governmental agencies, and other external entities to the Office of University Counsel.
10. I will refer external requests for all University statistical, academic, or administrative data to the Office of Institutional Studies, University Counsel, Human Resources, Financial Services or those departments that have been authorized to respond to such requests.
11. I agree to report any unauthorized access to confidential data immediately to my supervisor.
12. I understand that any improper or inappropriate use of data in the University's Information Systems may result in the removal of access privileges and could also result in appropriate administrative action, including, but not limited to, disciplinary and/or legal action.

I have read, understand, and agree to comply with the rules governing access to information.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Employee Department

I have reviewed this document with the employee and answered all employee questions.

\_\_\_\_\_  
Supervisor or Designated  
Department Representative Signature

\_\_\_\_\_  
Supervisor or Designee Name (Printed)