



## Etudes, Inc. Statement of Confidentiality

As an employee of \_\_\_\_\_, in my role as \_\_\_\_\_ I understand that some of my work will involve access to information/records that are considered confidential.

This information may include, but is not limited to, information and records on staff, faculty, students, client members, donors, and funding agencies and other business entities and individuals. Confidential information may be in any form, e.g., written, electronic, oral, overheard or observed. Access to all confidential information is granted on a need-to-know basis. A need-to-know is defined as information access that is required in order to perform my work or volunteer duties. If my duties change, my need-to-know also may change.

I pledge to respect confidentiality of all records. I will not disclose confidential information to friends, relatives, co-workers or anyone except as required to perform my work. I will access, use and disclose confidential information in keeping with the policies of Etudes and only on a need-to-know basis. Before I make any other use or disclosure of confidential information to any individual or organization, I will contact my supervisor in order to obtain proper permission.

All confidential information remains the property of Etudes and may not be removed or kept by me when I leave Etudes. It is important that the entire Etudes community share a culture of respect for confidential information. To that end, if I observe access to or sharing of confidential information that is or appears to be unauthorized or inappropriate, I will notify my manager.

I acknowledge my responsibility to respect the confidentiality of staff, faculty, student, or client records and I pledge to follow proper procedures in order to protect privacy, and to act in a professional manner, both to the public, via electronic communication, and over the phone.

I further understand that if I am found acting indiscreet with confidential material or not protecting privacy of a staff member, user, client, donor, or other partner through my actions, I will be subject to disciplinary action up to and including termination from my job immediately.

I understand this action to be necessary in order to maintain high professional standards of the office and integrity of the Etudes Corporation.

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

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*Approved by Etudes Board of Directors – 10/10/2008*