## **Protection of Sensitive Information at DoIT**

## **Policy:**

As a DoIT employee you must take reasonable steps to protect sensitive information that you may have access to in the course of business and the normal execution of your job. Information may only be accessed for business purposes. Access of sensitive information for personal purposes is not allowed.

Information governed by this policy includes, but is not limited to:

- academic records, tests and grades, or other academic information
- financial aid reports
- employment records, payroll, or compensation information
- passwords, e-mail, logs, or other files
- health data
- research data

## **Background:**

As an employee of University of Wisconsin-Madison, Division of Information Technology (DoIT), you may be entrusted with certain responsibilities and special privileges. During the normal execution of your job you may encounter or have access to sensitive information. Access, modification, destruction or disclosure of sensitive information may violate University policy or State or Federal law, such as the Health Insurance Portability and Accountability Act (HIPAA). Access to student academic records or financial aid reports is governed by the Family Educational Rights and Privacy Act of 1974 (FERPA). FERPA broadly defines sensitive information related to education and places strict limits on who is authorized to have access to it. Access to employee records is governed by Wisconsin Public Records law.

Authority: This policy is issued by the DoIT Chief Operating Officer.

**Related Documents:** DoIT policies at: http://doitnet.doit.wisc.edu/policy

Sensitive Information Definition and other campus policies at: http://www.cio.wisc.edu/policies/ Office of Campus Information Security (OCIS) guidance: http://www.cio.wisc.edu/security/ FERPA: http://registrar.wisc.edu/ferpa\_overview\_fac.htm, HIPAA: http://hipaa.wisc.edu/ Wisconsin public records law: http://legal.wisc.edu/reference/public-records.html

## TO SIGN AND TURN IN:

I have read and understand the above. I agree that I will protect and not disclose information in any way that is inconsistent with the appropriate performance of my assigned responsibilities in the normal execution of my job. I understand that violation of this agreement may subject me to possible disciplinary and/or legal action affecting my employment. I acknowledge that this form will become a part of my permanent personnel file.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return this signed form to: DoIT Human Resources Room 2118 CS, 1210 W Dayton St.

Questions concerning this policy should be directed to your manager or DoIT Human Resources.