General Privacy and Confidentiality Agreement

Background
Protection of privacy rights and responsibilities at SFU are administered according to the provisions of BC’s Freedom of Information and Protection of Privacy Act (FIPPA) and the University’s Information Policies, published in its Policy Gazette. For more information speak with your immediate supervisor, and if you have further questions contact the Information and Privacy Officer and review SFU's FIPPA website at https://www.sfu.ca/archives/foipop.html.

What is considered personal information under FIPPA?
Personal information is any recorded information that uniquely identifies an individual, such as name, address, telephone number, age, sex, race, religion, sexual orientation, disability, fingerprints, or blood type. It includes information about an individual's health care, educational, financial, criminal or employment history. It also includes anyone else's opinions about an individual and that individuals' views or opinions.

Agreement
In the course of my employment or volunteer activities with Simon Fraser University, I may obtain access to personal information about other people including students, faculty members, staff, alumni and members of the public. I understand it is illegal to disclose this personal information:

1. to anyone outside the University unless the law explicitly permits it;
2. to anyone inside the University who does not need to know it to perform their work; and
3. to store and access the information outside Canada unless the law explicitly permits it.

I understand I have a legal duty to protect the privacy of individuals whose personal information I obtain access to. I promise to keep personal information confidential and to handle it in accordance with: 1) the Freedom of Information and Protection of Privacy Act and its Regulations, 2) University Policy I10.04 - Access to Information and Protection of Privacy and 3) applicable department policy.

I understand that I may be subject to the imposition of a disciplinary sanction and/or to a legal penalty if I, without authority, access, collect, use, disclose, store, retain and dispose of personal information in ways not permitted by law and University policy.

I understand that my legal obligation survives termination of my employment or volunteer activities at Simon Fraser University. By my signature I acknowledge that I have read and will abide by this agreement.

_______________________________ _________________________________
Department (Please Print)   Name (Please Print)

_______________________________ _________________________________
Signature     Date

_______________________________
Witness Name (Please Print)

_______________________________ _________________________________
Signature      Date