

Staff Confidentiality Statement Form

Staff Name:

Position/Title:

Department:

I acknowledge that during the course of my employment, I may have access to confidential or sensitive information. I understand and agree that I am required to maintain the confidentiality of all information acquired during my work, and I will not disclose, discuss, or use such information except as required in the performance of my official duties and consistent with organizational policies.

I understand that breach of this confidentiality agreement may result in disciplinary action, up to and including termination of employment.

Staff Signature:

Date: