

CONFIDENTIALITY AGREEMENT

DEPARTMENT OF ADMINISTRATIVE SERVICES

PURPOSE

The Department of Administrative Services remains committed to protecting confidential information at all times. The purpose of this agreement is to ensure that all employees understand the importance of protecting our confidential information and agree to adhere to all of the department's information security policies.

COMMITMENT

As an employee of the Department of Administrative Services, I understand the following:

- I may have access to information and records deemed confidential.
- I am responsible to maintain the confidentiality of all information to which I may have access.
- I am responsible to use all work-related data and information only for work-related purposes.
- I may only use hardware and software tools that will not compromise the security of the state's information assets, unless specifically authorized.
- This confidentiality agreement applies to information in any form, including electronic, paper and verbal.
- Confidential information includes:
 - Passwords and user account information
 - Risk Management information regarding claimants, inmates, and injured workers
 - Design and architecture of information systems
 - Proprietary information gathered as part of the procurement process
 - Employees' personal information (including Social Security numbers, home addresses, bank accounts)

Relevant policies:

- Acceptable Use of DAS Information Assets:
<http://www.oregon.gov/DAS/OP/docs/policy/internal/107-01-010.pdf>
- Passwords:
<http://www.oregon.gov/DAS/OP/docs/policy/internal/107-01-140.pdf>
- Information Asset Classification and Transportation:
<http://www.oregon.gov/DAS/OP/docs/policy/internal/107-01-180.pdf>
- Information Security Incident Response:
<http://oregon.gov/DAS/OP/docs/policy/internal/107-01-190.pdf>

I understand that violation of this agreement may be grounds for disciplinary action, up to and including termination. By signing this agreement, I acknowledge that I have read, understand and agree to comply with the principles set forth here, and that I will adhere to all of the Department of Administrative Services' information security policies.

Signature: _____ Date: _____

Printed Name: _____

