

# University of Missouri Statement of Confidentiality

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

I acknowledge my responsibility to respect the confidentiality of student, patient or department records, to follow office procedures in order to protect privacy, and to act in a professional manner, both to the public and over the phone.

I further understand that if I am found acting indiscreet with confidential material or not protecting privacy of a student, patient or others through my actions, I will be dismissed 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 University.

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Signature of Employee

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Signature of Supervisor

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Date

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Date