

Use of Confidential Information by Employee

Acknowledgement of receipt of “Sensitive Information Policy” and ID Theft Prevention program

I, _____, as an Employee of SUCAP, do hereby acknowledge that I must comply with a number of State and Federal Laws which regulate the handling of confidential and personal information regarding both customers/clients of this company and its other employees. These laws may include but not be limited to FACTA, The Privacy Act, Gramm/Leach/ Bliley, and ID Theft Laws (where applicable).

I understand that I must maintain the confidentiality of ALL documents, credit card information, and personal information of any type and that such information may only be used for the intended business purpose. Any other use of said information is strictly prohibited. Additionally, should I misuse or breach, any personal information of said clients and/or employees; I understand I will be held fully accountable both civilly and criminally, which may include, but not limited to, Federal and State fines, criminal terms, real or implied financial damages incurred by the client, employee, or this company.

I have received a copy of the company’s Sensitive Information Policy and Plan. I understand and will fully comply with its provisions along with all other rules and regulations the company has in place regarding the handling of confidential information so as to protect the privacy of all parties involved. I also acknowledge that I have participated in a company sponsored Privacy and Security Identity Theft Training Program.

Employee Signature

Witness Signature

Date

Please email this completed form to hr@sucap.org – signatures are requested during orientation.