

NAPLES LIBRARY
CONFIDENTIALITY AGREEMENT FORM

I understand that my access to data, information, and records (all hereinafter referred to as Pioneer Library System Information) maintained in the manual and automated information and records systems (all hereinafter referred to as Pioneer Library Information Systems) of the Naples Library is limited by my needs for the information in the performance of my job duties. By my signature below, I affirm that I have been advised of, understand, and agree to the following terms and conditions of my access to Information contained in Pioneer Library Information Systems.

1. I will use my authorized access to Information Systems only in the performance of the responsibilities of my position as an employee of a PLS member library or direct employee of Naples Library.
2. I will comply with all controls established by PLS regarding the use of information maintained within PLS Information Systems.
3. I will avoid disclosure of Information to unauthorized persons without the appropriate consent of the Information owner except as permitted under applicable PLS policy and Federal or State law. I understand and agree that my obligation to avoid such disclosure will continue even after I leave the employment of a PLS member library or PLS.
4. I will exercise care to protect Information against accidental or unauthorized access, modifications, disclosures, or destruction.
5. When discussing Information with other employees in the course of my work, I will exercise care to keep the conversation private and not overheard by others who are not authorized to have access to such information.
6. I understand that any violation of this Agreement or other PLS policies related to the appropriate release of or disclosure of Information may result in one or more sanctions, including immediate termination of my access to PLS Information Systems, criminal penalties, or civil liability. I affirm that I have been given the opportunity to review the Confidentiality of Library Records Policy and other NYS and PLS policies referenced therein, and I further affirm that my questions about those policies have been answered to my satisfaction.

Employee Name

Employee Title

Employee Signature Date

Library Director's Signature Date

Adopted 5/11/2020