### Member Library Data Confidentiality Acknowledgment Form

I understand that my access to data, information, and records (all hereinafter referred to as Information) maintained in the manual and automated information and records systems (all hereinafter referred to as the Information Systems) of the **[NAME OF 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 acknowledge the following terms and conditions of my access to Information contained in the 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 member library.
2. I will comply with all controls established by local policy and the OWWL Library System regarding the use of information maintained within the 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 the System 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 **[NAME OF LIBRARY]**.
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 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 the Information Systems, criminal penalties, or civil liability.

I affirm that I have been given the opportunity to review all local and System policies and other NYS laws referenced therein, and I further affirm that my questions about those policies have been answered to my satisfaction.

Employee Name Title

Employee Signature Date