

## Statement of Understanding Training Information

Printed Last Name: \_\_\_\_\_ Printed First Name: \_\_\_\_\_

Department/College/Program: \_\_\_\_\_

### UNMC CODE OF CONDUCT

[UNMC Policy 8006](#) guides UNMC faculty, staff and students in carrying out daily activities within appropriate ethical and legal standards. Professional and ethical conduct emphasizing respect and dignity must be shown in all relationships. Reporting of potential misconduct is encouraged and there is no retaliation permitted for filing complaints.

### NON-DISCRIMINATION & HARASSMENT, POLICY and SEXUAL MISCONDUCT POLICY

I have reviewed the Non-Discrimination/Harassment Policy, [UNMC Policy 1099](#) and the Sexual Misconduct Policy, [UNMC Policy 1107](#) which state that discrimination, harassment and sexual misconduct are not allowed in the workplace and that UNMC has reporting and investigation procedures for reported discrimination, harassment, and sexual misconduct.

### DRUG FREE WORKPLACE

[UNMC Policy 1003](#) prohibits the unlawful manufacture, distribution, dispensation, possession, or use of alcohol and/or a controlled substance on UNMC property. The term “substance” refers to drug or chemical compounds that are controlled by local, state, or federal law. UNMC complies with the Drug-Free Workplace Act of 1988, as amended.

### Standards of conduct regarding alcohol and drugs:

Federal statute, 20 U.S.C. §1011i, requires annual distribution of information to each employee and student of information to prevent use of illicit drugs and alcohol abuse.

- [Standards of Conduct For Employees And Students Regarding Alcohol And Drugs](#)
- [Employee Assistance Program](#)

### PRIVACY, CONFIDENTIALITY, AND INFORMATION SECURITY POLICY

Members of the UNMC workforce must maintain the privacy and security of all confidential information in any form, including written, electronic, and verbal communication.

Privacy, Confidentiality and Information Security Agreement:

1. I will comply with [UNMC Policy 6045](#), Privacy, Confidentiality & Security of Patient & Proprietary Information, which I have read and understand.
2. I will comply with [UNMC Policy 6051](#), Computer Use and Electronic Information Security Policy, which I have read and understand.
3. I will access, use and disclose confidential information with others on an authorized “need to know” basis only to perform assigned duties.
4. I will not discuss confidential information in the presence of individuals who do not have a “need to know”.
5. I understand that audits of information are conducted to verify information is being accessed by authorized individuals only.

6. I will immediately report suspected privacy and information security violations to the Privacy, Information Security Office, or the Compliance Hotline.

### **Computer Access (Security) Agreement:**

I am assigned an unique login to access UNMC resources. To maintain confidentiality of information maintained electronically:

1. I will comply with [UNMC Policy 6051](#), Computer Use and Electronic Information Security, which I have read and understand.
2. My computer user IDs and passwords will be memorized and not shared with anyone, at any time, for any reason, except in the cases necessary to facilitate computer maintenance and repairs, in which I will change my password immediately after.
3. I will not leave a terminal without first closing or locking it.
4. I will immediately contact the Help Desk or Information Security if I discover my user ID has been revealed or suspect any unauthorized access to confidential information.
5. I understand that UNMC information must be stored only on enterprise network drives, approved cloud storage solution or on an encrypted drive.
6. If I use a portable device containing UNMC information, the device must be both password protected and encrypted.

1. I have read, understand and will abide by the policies outlined above. I understand that not abiding by these policies may result in scholastic action or disciplinary action up to and including termination of UNMC employment/dismissal.
2. I understand that UNMC expressly reserves the right to change, phase out or discontinue any of the programs, services, rules, procedures and any other policy or affecting employees.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_