

## Workforce Member Confidentiality Agreement

I understand that I may have access to confidential information and confidential information about the business and financial interests of Mayo Clinic Health System in Mankato. I understand that Confidential Information is protected in every form, such as written and/or electronic records and correspondence, oral communications and computer programs and applications.

I agree to comply with all existing and future Mayo Clinic Health System in Mankato policies and procedures to protect the confidentiality of Confidential Information. I agree not to use, copy, make notes regarding, remove, release or disclose Confidential Information, unless it is permitted by Mayo Clinic Health System in Mankato policy.

I agree not to share or release any authentication code or device, password, key card or identification badge to any other person, and I agree not to use or release anyone else's authentication code or device, password, key card or identification badge. I agree not to allow any other person, except those authorized by Mayo Clinic Health System in Mankato, to have access to Mayo Clinic Health System in Mankato information systems under my authentication code or device, password, key card or identification badge. I agree to notify the appropriate administrator immediately if I become aware that another person has access to my authentication code or device, password, key card or identification badge, or otherwise has unauthorized access to Mayo Clinic Health System in Mankato information system or records.

I agree that my obligations under this Agreement continue after my employment or my time as a volunteer ends.

I agree that, in the event I breach any provision of the Agreement, Mayo Clinic Health System in Mankato has the right to reprimand me or to suspend or terminate my employment or volunteer status with or without notice at the discretion of Mayo Clinic Health System in Mankato, and that I may be subject to penalties or liabilities under state or federal laws. I agree that, if Mayo Clinic Health System in Mankato prevails in any action to enforce the Agreement, Mayo Clinic Health System in Mankato will be entitled to collect its expenses, including reasonable attorney's fees and court costs.

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(Name [Please Print])

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(Signature)

☐ Employee   ☐ Volunteer   ☐ Student   ☐ Other \_\_\_\_\_

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(Date)