

# NEIGHBORHOOD INITIATIVE PROGRAM



## CONFIDENTIALITY AGREEMENT

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

I understand that in the course of my duties associated with the Neighborhood Initiative Program (NIP), I may have access to data or other information that is considered confidential by South Carolina State Housing Finance and Development Authority (hereinafter “SCSHFDA”) and SC Housing Corp. (hereinafter SCHC), including but not limited to information related to personal and financial information; confidential information obtained from third parties; internal confidential documents; and any other information that is not required to be disclosed by the provisions of the South Carolina Freedom of Information Act.

I agree that:

1. I will treat all such information confidentially.
2. Unless authorized as part of my work responsibilities or by the appropriate authority/administrator, I will not at any time, directly or indirectly, divulge, disclose, or communicate such information to any person, company, government entity, or other entity.
3. I will properly dispose of records and items containing personal identifying information (PII). PII consists of first name or initial combined with their last name, and unencrypted or unredacted data including, social security number, driver’s license number, financial account number, or other numbers or information that would allow access to financial accounts.
4. Proper disposal of all documents that contain PII is by shredding those documents, not by placing them in the waste basket or recycling bin.
5. If I am unsure whether certain data or other information is covered by this agreement, I will preserve confidentiality of the item until receiving clarification from the appropriate authority/administrator.
6. I have been provided a copy of SCHC and SCHFDA’s Privacy Policy, which is contained in the NIP Implementation Manual and have reviewed such contents.

By my signature below, I certify I have read this Agreement and will abide by its terms.

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