

## MEMBER LIBRARY AGREEMENT FORM

As a Member Library of the Pioneer Library System, I understand that our library's 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 PLS Information Systems) of the Pioneer Library System (PLS) is limited by the needs for the information in the performance of library duties.

By my signature below, I affirm that my library has been advised of, understand, and agree to the following terms and conditions related to my library's access to Information contained in Pioneer Library System's Information Systems.

- 1) Staff will use the library's authorized access to Information Systems only in the performance of the responsibilities related to the operations of the library.
- 2) Staff will comply with all controls established by the Library System regarding the use of information maintained within the Library System's Information Systems.
- 3) Staff will avoid disclosure of Information to unauthorized persons without the appropriate consent of the Information owner except as permitted under applicable System policy and Federal or State law.
- 4) Staff understands that the obligation to avoid such disclosure will continue even after they leave the employment of a member library.
- 5) Staff will exercise care to protect Information against accidental or unauthorized access, modifications, disclosures, or destruction.
- 6) When discussing Information with other employees in the course of their work, Staff will exercise care to keep the conversation private and not overheard by others who are not authorized to have access to such information.
- 7) The member library understands that any violation of this Agreement or other System policies related to the appropriate release of or disclosure of Information may result in one or more sanctions including termination of library access to Information Systems, criminal penalties, or civil liability.

I affirm that I have been given the opportunity to review the Systems and Confidentiality of Library Records Policy and other NYS and System policies referenced therein and I affirm that my questions about those policies have been answered to my satisfaction.

---

Member Library Representative Name

Title

---

Member Library Representative Signature

Date