

**Syracuse University**

**Department of Counseling and Human Services**

**Encryption of Flash Drive Acknowledgement Form**

I have thoroughly read and reviewed the Department of Counseling and Human Services' "Policy on Data Transfer and Storage." I understand that I am responsible for knowing and abiding by the information in the Policy, and from this point forward, I will ensure that all videos will be saved and encrypted in the manner outlined. I understand that I am required to use the SIMULATIONiQ Counseling platform and/or a Corsair 16GB Flash Padlock Key Thumb Drive for all client data storage and transfer functions. I am assured timely notification and full due process if the faculty has any concerns about my ability to meet the expectations of confidentiality as outlined in the presentation.

I agree to all of the above statements.

PRINT Student Name

Signature of Student

Date

**End of Semester Verification**

I verify that I have deleted all recordings and documentation from the semester's clinical work from my local devices and deleted repositories (e.g. – trash bin, recycling)

Initials and Date