Information Systems Acceptable Use Acknowledgment Form

1. INSTRUCTIONS

1. **Please print all information using a ball-point or felt-tip pen.**
2. **Complete the applicable sections and sign the form.**
3. **This form will be maintained in the employee's personnel file in Human Resources.**

2. ACCEPTABLE USE

1. I will create a personal, confidential password and will not write it down. I understand that disclosure of my password to anyone else is a SECURITY VIOLATION. In addition I agree to the following:
2. I will not attempt to learn another user's password or use someone else's password.
3. I will not gain access to any system with my password and then allow another person to enter or retrieve data from the system.
4. I will immediately change my password and notify my supervisor and the Information Security Administrator if I believe my password has been compromised.
5. I will not use any information system for unethical, illegal, or criminal purposes.
6. I will not use any information system to send nuisance messages such as chain letters and obscene or harassing messages.
7. I will not use any information system for unauthorized commercial uses.
8. I will only use information systems and resources for official authorized purposes.
9. I will use anti-virus software as provided by Meriter and scan all computer disks and files from other sources.
10. I will not access or attempt to access any unauthorized data or files.
11. I will not download or install or use any unlicensed copyrighted material (music, movies, software, etc.) on any Meriter computer.
12. I will not make unauthorized copies of any data files or software.
13. I will not install or play games on any Meriter computers.
14. I will not install any type of unauthorized wireless access point on Meriter's network.
15. I will not use any unauthorized remote access software or use any proxy avoidance internet sites to bypass internet filtering and/or auditing.
16. I will report all security violations immediately to my supervisor and the Information Security Administrator.

17. I understand that information systems staff have the right to copy and examine any files that reside on any Meriter system to investigate possible security violations and to protect Meriter's network and systems from anything that threatens or degrades operations.

18. I hereby acknowledge that all Protected Health Information accessed through any Meriter system is confidential. Protected Health Information means any information that is created or received which identifies an individual and relates to the past, present or future physical or mental health or condition of that individual.

19. I will only access the electronic data of patients I am providing care for as related to my specific job functions and/or responsibilities. I will limit my access to the information necessary for that function.

20. I will not access or attempt to access unauthorized patient files, including my own medical record.

21. I will not permit unauthorized individuals to view patient data.

22. I will not place any information acquired through Epic or any other clinical system in any other database without approval from the Information Security Administrator.

23. I will not use or intentionally access information concerning HIV status, substance abuse treatment or mental health treatment without written permission of the patient or the patient's legal representative.

24. I will not print unauthorized copies of patient information or remove copies of patient information from the premises.

25. I will log off applications containing patient related data immediately after use.

26. I understand that systems keep audit trails of user activity and security/confidentiality violations may result in removal of access, disciplinary action up to and including termination and/or criminal prosecution under state and federal laws.

3. USER ACKNOWLEDGMENT & SIGNATURE

I, the undersigned, acknowledge and understand what is considered acceptable and unacceptable use of information systems. I understand and agree that this acceptable use form applies to any and all information systems/data I have been granted access to and they are considered CONFIDENTIAL. Under no circumstances will such information available to me be disclosed by me, unless required in the performance of my duties. I understand that failure to comply with these requirements and unauthorized use of information systems can result in disciplinary penalties as severe as termination and/or criminal prosecution.

Name: _____ **Signature:** _____

Date: _____ **Department Name:** _____ **Employee Number:** _____

Employer or School (if other than Meriter): _____ **Length of Contract:** _____