Mid Valley Hospital Security Agreement

I (the undersigned) do hereby agree to comply with the following policies in the performance of my assigned duties in using the Mid-Valley Hospital information Systems.

I agree that I will:

1. keep my assigned password in strict confidence and not attempt to access the system using another user's password,

2. request a new password if I feel my password has been compromised,

3. report any suspected security violations to the information systems department,

4. not attempt to access any information to which I have not been granted authorization, including but not limited to application modules, programs, patient records and personnel records, email, MOX, and internet,

5. maintain the confidentiality of all patient medical records at all times,

6. not reveal any proprietary or confidential business organizational information to any third-party without express written authorization from the Administrator,

7. not take any equipment or data off premises without permission of your Director or the Administrator and notifying the information systems department.

8. not abuse my internet or email privileges and limit use to work related activities,

9. be the sole user of my ID badge for time and attendance access, cafeteria charges, and door access,

10. understand and agree that my use of these systems will be monitored and any information on these systems is property of Mid-Valley Hospital or their vendor partners.

I understand that breach of these policies constitutes grounds for disciplinary actions including but not limited to termination of my position or my access to such computer systems.

______________________________   __________________________
Employee Signature            Date

______________________________
Print Name