Cincinnati Children's Hospital Medical Center

INFORMATION SERVICES SECURITY REMOTE ACCESS AUTHORIZATION FORM

- 1 -
PLEASE PRINT LEGIBLY.

☐ **New** ☐ **Change** ☐ **Remove/Delete** **Reply Needed by:** ___/___/_____

☐ **CCHMC Faculty** ☐ **CHMC Staff** ☐ **Non-CHMC Employee** **Start/Due Date:** ____/____/_____

First Name:_____ MI:_____ Last Name:_____ 1st 6-digits of SSN: _____

Title:_____ Department Name:_____

User's phone:_____ Email:_____ Building/Floor:_____

Manager's name:_____ Manager's phone:_____

IF NON-CCHMC EMPLOYEE, THE FOLLOWING MUST BE COMPLETED:

Project Name:_____ Contract Expiration: ____/___/_____

CCHMC Manager / Liaison:_____ Liaison's phone:_____

Company Name:_____ Email Address:_____

Company Supervisor Name:_____ Supervisor phone:_____

Site to Site VPN Requests: Technical Contact:_____ Tech's Phone:_____

Technical Information - REQUIRED
Windows Client ☐/ Operating System _____ Macintosh Client ☐

Sourcename/IP	Hostname/IP	Protocol/Service	Port

THIS FORM WILL NOT BE PROCESSED WITHOUT A BUSINESS JUSTIFICATION OF NEED AND CLIENT INFORMATION.

Business Justification for changes requested (including systems affected and the expected security benefits)_____
_____

By accepting a sign-on / password, Certificate or SecureID, I understand and agree that:
1. The sign-on / password assigned to me is unique and is non-transferable.
2. The Authentication device provided is the property of CCHMC and non-transferable.
3. Accounts can be revoked or locked at any time without prior notice.
4. All activity on vendor accounts is logged and monitored.
5. I will promptly notify my supervisor and Information Services 636-4100, if I suspect that someone has gained unauthorized access to my sign-on / password.
6. I am responsible for any information accessed or changed with the use of my sign-on / password and understand my responsibility to adhere to the Security Access Agreement.
7. CCHMC may, at any time change/disable or revoke accounts.
8. CCHMC may, at any time change the authentication requirments

USER/VENDOR SIGNATURE:_____ Date: ____/___/_____

CHMC MANAGER SIGNATURE:_____ Date: ____/___/_____

VENDOR REPRESENTATIVE SIGNATURE:_____ Date: ____/___/_____

Items below are to be filled out by Information Services and/or Security Administrators

System:_____ **ID Given:**_____ **Completed by:**_____ **Date:** ____/___/_____

Risk analysis (to be completed by I.S. Security): _____
_____

Approved by I.S. Security: _____ Date: _____

Approved by I.S. Network - Physical: _____ Date: _____

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INFORMATION SERVICES REMOTE ACCESS SUPPORT AGREEMENT

The intent of this agreement is to provide clarity of roles and understanding between Information Services and Remote Access users. By signing below, you agree to the following:

- I.S. will provide me with installation instructions for Dialup and/or VPN.
- I.S. will not provide support for Remote Access for non-CHMC owned computers.
- I.S. will not service, repair or upgrade my computer.
- The I.S. Help Desk will be able to tell me if I have a valid Remote Access sign-on and password.
- The I.S. Help Desk will be able to confirm that the Remote Access connection paths are operating correctly.
- If I have difficulties with installing or using Remote Access software, I will be responsible for obtaining third party support at my own expense.
- CCHCM & CCHMC Information Services are not responsible for any damage to or data loss from my computer during installation or use of Remote Access.
- I have acknowledge and will comply with CCHMC Manual:
  User Standards for CCHMC Information Technologies.

- In the case of VPN Client / Server), I am responsible for the cost of the high speed Internet access. At department head discretion, my department may reimburse me for this cost.
- I agree that, it is my responsibility to be up-to-date on my system's vulnerability and frequently check my system for viruses.
- CCHMC may, at any time change/disable or revoke accounts.
- CCHMC may, at any time change the authentication requirements.

Name (please print): _____

Signature: _____ Date: _____