



CHILDREN'S HOSPITAL MEDICAL CENTER SECURITY ACCESS AGREEMENT

In order to provide secure computer based systems and ensure the confidentiality of information entrusted to Cincinnati Children's Hospital Medical Center (CCHMC), the following SECURITY ACCESS AGREEMENT must be adhered to by ALL individuals accessing any computer based system, owned or managed by CCHMC.

CCHMC has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. I am aware that CCHMC reserves and intends to exercise the right to review, audit, and access all materials on CCHMC computer systems at any time, with or without user notice and that such access may occur during or after working hours. I am aware that use of a CCHMC provided user ID and password does not imply the right of privacy or create any privacy expectation and does not restrict CCHMC's right to access electronic communications.

- I understand that certain data and programs generated on CCHMC computer systems are considered Confidential or CCHMC proprietary information. I will not use or disclose in an unauthorized manner, any confidential or CCHMC proprietary information to which I have been exposed or have access.
- To acquire access to CCHMC computers systems, I will be issued a unique user Identification number, and must select a personal password. I will maintain exclusive use and confidentiality of this password in order to access the CCHMC computer systems. If at any time I believe the confidentiality of the password has been compromised: I shall be responsible for immediately contacting my supervisor.
- I am responsible for all activities involving my User ID and password and I will not use any other individual's user ID or password. I take full responsibility for any activities on CCHMC's computer systems involving my user ID and password.
- I will not disclose my ID(s) or password (verbally or written) to anyone. I understand that by doing so I will be in direct violation of this agreement.
- The access that I am granted on CCHMC systems will be used solely for the performance of my job or assignment. Unauthorized access to systems or files will not be tolerated.
- Upon termination of my employment or assignment at CCHMC, I will return and/or remove as appropriate any software, hardware, cell phone, pager, documents, records or any other equipment or data given me by CCHMC for business purposes.

I also acknowledge that I have read and will comply with the following CCHMC policies and standards and other policies and standards shall be considered as a part of this agreement as if fully restated herein.

- User Standards for CCHMC Information Technologies
- INFO-100-Confidential Information
- INFO-102-Acceptable Use of Information Resources

I hereby acknowledge my understanding of the provisions of this agreement and that a violation of this agreement may result in having my access permanently revoked, termination of my assignment, and/or legal or other disciplinary action including termination.

Printed name of individual
: _____

Signature of individual
: _____

Practice or Department Name
: _____

Date
: _____

This document has been reviewed and approved by CCHMC's Legal Services. Please return to Human Resources to be filed in your Personnel Records.