

## INFORMATION SECURITY AGREEMENT

As an employee of the Veterans Health Administration (VHA) and as an authorized user of the computer systems of the Department of Veterans Affairs (VA), I will be given access privileges to Federal data and computer systems, especially computer systems within or accessible by VHA Staff, to perform the duties of my job. I understand the following policies apply to these data and computer systems.

1. I will safeguard all security code(s) (I.e., VistA access, PC Network Access, electronic signature code) given to me. I understand that I am not to use my access authority to a VA or other federal computer system, for any purpose other than performance of my official duties. Specifically, I may not exceed the access authority provided by my security codes. I acknowledge that I am strictly prohibited from disclosing my security code(s) to anyone for any reason except to the facility Information Security Officer (ISO), VHA ISO, or Regional ISO. This includes my family, friends, co-workers, supervisors, and subordinates.
2. I acknowledge that I am not to use anyone else's security code(s) to obtain access to VA or other Federal computer systems. I understand that I will be held accountable for all work performed or changes made to the system and/or databases under my security code(s) that I am not to allow to allow anyone to access a computer system using my security code(s).
3. I understand that all data to which I may obtain access is and will remain the property of VA. I understand that, as an employee, I have an obligation to protect data and information which the loss, misuse, or unauthorized modifications of or unauthorized access to could adversely affect the conduct of VA or other Federal programs. Further, I am aware that information about individuals is confidential and must be protected by law and regulations from unauthorized disclosure.
4. I understand that improper access to, or unauthorized modification or disclosure of data (obtained through the computer or otherwise) may subject me to the imposition of criminal penalties and/or disciplinary or adverse action, as appropriate, under the VA employee conduct regulations. Similarly, if I exceed my computer system access authority or use that authority to engage in conduct outside the scope of my official duties, I may also be subject to disciplinary or adverse action, and criminal prosecution. I also understand that I am not to access my own records (I.e., lab results, etc).
5. I understand that VA electronic mail (e.g., VistA, Microsoft Exchange) is to be used for official government business only. I am not authorized to use electronic mail either for personal messages not related to the performance of my official duties or in lieu of personal telephone calls. I understand that the ISO and computer staff have the authority to monitor the amount, types, and contents of messages sent by individuals on electronic mail. I understand that electronic mail may not contain confidential information.
6. I understand the United States copyright law which states that it is a federal offense to copy any application software protected under this law. "You must treat the software like any other copyrighted material (e.g., a book or musical recording) except that you may either (a) make one copy of the software solely for backup or archival purposes, or (b) transfer the software to a single hard disk provided you keep the original solely for backup or archival purpose." I understand that I may use a copy of the software registered to a personal computer, but I cannot copy it.
7. I understand that I may not install, including but not limited to downloading via the Internet, any program or software on any government computer without prior written approval of the Information Management computer staff. I also understand that I may not modify any system settings on a personal computer that will impact others' ability to accomplish their work. User settings such as color and mouse click rate may be modified.
- 8. I understand that I have been given conditional privileges necessary to access Internet resources. I understand access to these systems are intended for official VA business only. Internet access is achieved with federally owned communication paths, hardware and software and should never be considered available for personal use. Internet utilization is thoroughly monitored and audit trails are maintained to identify and resolve instances of non-compliance. I understand that violation of this policy constitutes a disregard of local and national VA policies and will result in appropriate. Disciplinary action as well as suspension or termination of privileges.**
9. I understand than any unauthorized use of any government resource, including but not limited to, computers, e-mail, Internet, or any other government system or property, is strictly prohibited and may subject me to disciplinary action, including removal from Federal employment. I understand official use of government resources, as described herein, apply to me even when I am in an off-duty status.
10. I affirm that I have read and understand the provisions of this Information Security Agreement. Furthermore, I acknowledge my obligation to with this agreement; to maintain computer access security at all times; to conserve government resources and to use government computers, e-mail, Internet or any other government item or property for official government purposes only.

I have read and understand all of the above sections of this agreement and will abide by these rules as a computer user.

Employee Name (Please print)

DOB

Social Security Number

Employee Signature

Date

**NOTICE: Signature MUST be original. Incomplete forms will be returned without action.**

COMPUTER ACCESS CODE/MENU REQUEST			
Service Line/Mail Code	Room Number	Phone	Type of Request
			<input type="checkbox"/> X New User <input type="checkbox"/> Name Change <input type="checkbox"/> Reactivate User <input type="checkbox"/> Other <input type="checkbox"/> Menu Add/Change
Employee Name		Change Name To/Change Title To (For Name/Title Change)	
«Name»			
Last, First, Middle Initial		Last, First, Middle Initial                      Title	
Title      Medical Student		Social Security Number	
Primary Menu Options (Use the Option Names)		Fileman Access Code	
AGD PROVIDER MENU		Person Class (If applicable)	
		User Class (If applicable)      Medical Student	
Secondary Menu Options (Use the Option Names)		Security Keys	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
PN Document List (If Applicable)		Consult Titles (if applicable)	
Miscellaneous Information (Mail Groups, etc.)			
Justification for Request			
(Please type or print)			
Note: If you are requesting menus outside of your service line, you must also obtain that package's ADP Coordinator's concurrence			
Application Coordinator or Service Line Director Signature		Concurrence(s) (if necessary)	Date
(No Stamps or Photocopying of Signatures Permitted)			
PLEASE DO NOT WRITE BELOW THIS LINE			
User Number:		Access Code:	
Processed by:		Date	
Director, Information Management		Date	Status
			<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved

NOTICE: Signatures MUST be original. Incomplete forms will be returned without action.

Revised: 10/99