

Acceptable Computer Use Agreement

I acknowledge receipt of the agency Computer Use/Data Security Policy and Procedure and accept this policy and agree to the conditions set forth herein.

I understand that as an agency employee, it is my responsibility to maintain and protect confidential information. I understand that I must comply with the state and federal regulations and laws including but not limited to HIPAA and guidelines of any contracting agency.

I understand that this agency is an "at will" employer. I understand that I have the right to terminate my employment for any or no reason at any time, and that this agency has the right to terminate my employment for any or no reason at any time. I further understand that my failure to comply with this agency Computer Use/Data Security Policy and Procedure will result in disciplinary action up to and including termination.

Signature

Printed Name

Date