

Computer Acceptable Use Agreement

I, _____ will:

- Use CMHCM systems (CIGMMO, Email, Network Resources, etc.) on a need-to-know basis only.
- Retrieve or enter information about mutual consumers as required for clinical care or business functions related to clinical care only as it relates to my job duties and licensing.
- Take all reasonable precautions to protect the privacy of consumer information and will not leave display screens or printed materials containing consumer data where they could be viewed inappropriately.
- Not disclose my password to allow another person to log in with my user identification and password.
- Not log on using someone else's user identification and password. I understand that doing so is fraud and not allowed in any circumstance.

Email Address: _____

Phone Number: _____

Provider: _____

Job Type: _____

My signature below indicates that I have read and understand this document. I shall comply with the CMHCM Agency Network, E-Mail, and Internet Policy (5.700.001) and CMHCM Data Security and Confidentiality Policy (5.700.002).

User Signature

Date

As the supervisor for this user, my signature below indicates that I have read, understand, and assure all credentials have been verified and meet the requirements referenced in CMHCM Agency Network, E-Mail, and Internet Policy (5.700.001) and CMHCM Data Security and Confidentiality Policy (5.700.002)

(Check one)

New position:

Replace staff:

Name of staff being replaced: _____

Remove access: YES NO

Supervisor Signature

Date

CMHCM Authorized Signature

Date