

North Mississippi Regional Center
Confidentiality and Acceptable Use Agreement

The North Mississippi Regional Center (NMRC) hereby prohibits any visitor, employee, volunteer, student, or committee member from disclosing confidential information concerning any client except in the performance of official duties regarding treatment, payment or healthcare operations. All medical records and other individually identifiable health information used or disclosed by NMRC in any form, whether electronically, on paper, or orally, are covered by the Health Insurance Portability and Accountability Act of the 1996's Privacy Rule.

The Acceptable Use Policy establishes the expectations and conditions set by the North Mississippi Regional Center (NMRC) for use of IT Services and data using their networks and facilities, including the internet. To meet these conditions, I agree not to engage in any uses that are prohibited by this policy and will make every attempt to follow company directions and exercise good judgment to protect the security of client and other sensitive data.

I recognize that the following guidance and all other polices and procedure defining acceptable use applies to me and any use of the equipment or data of NMRC that occurs with my knowledge.

Personal Use

- I will not use NMRC devices, networks or data to conduct business other than for NMRC
- I will abide by the policies and procedure regarding personal devices to conduct internal business

Protected Health Information

- I will not knowingly send or forward malicious software or annoying emails
- I will make no effort to prevent the security configuration of NMRC equipment
- I will never send ephi through unapproved channels such as email, or unencrypted web sessions

Unacceptable Content

- I will not download, upload, email, or post offensive, harassing, illegal or otherwise prohibited material

By my signature below, I acknowledge that I have read the terms and conditions of this Acknowledgment and have been given a copy of the Acceptable Use Policy.

I also understand that the Security Violations and Sanctions Policy specifies consequences that may result from any violation of policy.

Employee/Volunteer Signature: _____ Date: _____

First Name: _____ MI: _____ Last Name: _____
(Please Print) (Please Print)

New User Setup Request: to be filled out by Department Director if the user will need access to the NMRC Network.

Circle all that apply: Computer Login - Email - Contractual **Department:** _____

Requesting Dept Head Signature: _____

Internal Use only
Approved by _____ Date _____ Username _____