



Medicine

Information Services Department
User Account Security Acknowledgement Form
for CU Medicine Internal and Temporary Employees

User's Name _____

Start Date: _____

The individual requesting access to University of Colorado Medicine (CU Medicine) computer systems understands that these resources are intended for CU Medicine business purposes. The individual also accepts sole responsibility for the assigned account and the actions attributed to that account and understands that sharing the account and its password is strictly prohibited. When accessing CU Medicine computer systems, the confidentiality, integrity, and availability (CIA) of the data and accounts must be safeguarded at all times. Passwords should be complex and must be protected from disclosure. False, misleading, inaccurate, or damaging data may not knowingly be entered into CU Medicine computer systems. Confidential patient, employee, and other CU Medicine information contained or entered into CU Medicine computer systems must not be accessed or disclosed unless such access or disclosure is part of the individual's assigned job duties, and then only the minimum necessary. Information will remain confidential indefinitely *including after access to the system or employment ends*. The individual must adhere to all CU Medicine policies. Any account not used within a 60-day time period will be disabled. The individual is subject to having all activities on the CU Medicine systems monitored and recorded. Anyone using these systems expressly consents to such monitoring. Any violation of these security policies may result in account termination and disciplinary action, up to and including termination of employment at CU Medicine, and/or legal remedies.

I HAVE READ AND UNDERSTAND THE ABOVE PARAGRAPH AND WILL COMPLY WITH THE RESPONSIBILITIES AND CONFIDENTIALITY OF THE INFORMATION AND RESOURCES MADE AVAILABLE TO ME.

(User's Signature)

(Date)