

Commonwealth of Virginia  
Department of Health

Information Systems Security Access Agreement

As a user of the Department of Health (VDH) Virginia Vital Events and Screening Tracking System (VVESTS), I understand and agree to abide by the VDH VVESTS Security Policy and the following terms which govern my access to and use of the information and computer services of VDH.

Access has been granted to me by VDH as a necessary privilege in order to perform my authorized job functions as for VDH. Passwords and logon IDs should not be shared. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (such as Logon IDs, passwords, terminal IDs or file protection) for any purposes other than those required to perform my authorized employment functions. I agree to change passwords immediately if they are compromised. I will not incorporate passwords into any signon software.

If, due to my authorized job functions, I require access to information on VDH information systems which is not owned by my organization, I must obtain authorized access to that information from the information owner and present access documentation to the VDH Office of Information Management.

I will not disclose any confidential, restricted or sensitive data to unauthorized persons. I will not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized to do so, and I will not use access mechanisms which have not been expressly assigned to me. I will not use VDH systems for commercial or partisan political purposes, such as using electronic mail to circulate advertising for products or for political candidates or issues.

If I observe incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to my organization's contact person for the VDH VVESTS.

I give consent to the monitoring of my activities on the VDH VVESTS application. I agree to only try to connect to Virginia Vital Events and Screening Tracking System (VVESTS) through a secure connection.

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to same. I further acknowledge that any infractions of this agreement may result in disciplinary action including but not limited to the termination of my access privileges.

\_\_\_\_\_  
System User/Consultant Name (Print)

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
System User/Consultant Signature

\_\_\_\_\_  
Organization Name

VDH Virginia Vital Events and Screening Tracking System (VVESTS) Security Agreement Form