

**Commonwealth of Virginia  
Department of Health  
Information Systems Security Access Agreement**

Version 8/16

As a user of Commonwealth of Virginia and Virginia Department of Health (VDH) information systems, I understand and agree to abide by Commonwealth Security Policies and Standards, VDH Security Policies and Standards; and the following terms which govern my access to and use of the information, equipment and computer systems of the Commonwealth and VDH. Information systems include, but are not limited to, the computer; computer network; all computers or peripherals connected to the network; and all devices and storage media.

Access has been granted to me by VDH as a necessary privilege in order to perform my authorized job functions for VDH. Passwords and logon IDs shall not be shared. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (including but not limited to 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.

If, due to my authorized job functions, I require access to information on Commonwealth or VDH information systems I must obtain authorized access to that information from the information/system owner and present access documentation to the account administrator or the Office of Information Management Help Desk.

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. I will not use access mechanisms which have not been expressly assigned to me. I will not use VDH systems for personal, commercial or partisan political purposes.

I am responsible for taking the appropriate Information Security Awareness Training prior to (or as soon as practical) being provided access to the information system, and annually thereafter. Failure to comply with this requirement will result in termination of my access to the information system.

I agree to abide by all applicable Federal, Commonwealth of Virginia, and VDH policies, procedures and standards which relate to the use of equipment, security of VDH information systems and the data contained therein. Unauthorized or improper use or access of these systems may result in disciplinary action, and criminal penalties. I understand users are prohibited from: installing or using proprietary encryption hardware/software on agency systems; tampering with security controls; installing/connecting personal software or hardware on agency devices; and modifying agency systems without authorization.

I understand and consent to the following: I have no reasonable expectation of privacy when I use Commonwealth information systems; this includes any computer, communications or data transiting or stored on this information system or equipment. At any time, and for any lawful government or agency purpose, the government or agency may, without notice, monitor, intercept, and search and seize any communication or data transiting or stored on this system. As such, I give consent to the monitoring of activities on VDH information systems, and other systems accessed through VDH systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, it may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution.

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

**CHECK ALL THAT APPLY:**

- VDH Employee (Classified or Wage)**
- VDH Associate (Contract, Temporary, Volunteer, etc.)**

\_\_\_\_\_  
**Employee/Associate Name (Print)**

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

\_\_\_\_\_  
**Employee/Associate Signature**

\_\_\_\_\_  
**VDH Division Name**

**\*\* User shall ensure that a copy of this current signed agreement is maintained in personnel HR file annually \*\***

## Addendum: VITA Information Security Access Agreement

### Virginia information Technologies Agency Information Security Access Agreement

As a user of the State's central computer systems, which are operated by the Virginia Information Technologies Agency (VITA) I understand and agree to abide by the following terms which govern my access to and use of the processing services of VITA:

Access has been granted to me by VITA as necessary privilege in order to perform authorized job functions for the agency by which I am currently employed. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (such as log-in Ids, passwords, terminal Ids, user Ids, file protection keys or production read/write keys) for any purpose other than those required to perform my authorized employment functions:

If, due to my authorized job functions, I require access to information on VITA's computer systems which is not owned by my agency, I must obtain authorized access to that information from the owning agency and present it to VITA;

I will not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized to do so by my employing agency, and I will not use any access mechanism which has not been expressly assigned to me;

I agree to abide by all applicable Commonwealth of Virginia, VITA, and employing agency policies, procedures and standards which related to the security of VITA computer systems and the data contained therein;

If I observe any incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to the information security officer and management of my employing agency as well as the VITA Office of Security;

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

\_\_\_\_\_  
**Employee/Associate Name (Print)**

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

\_\_\_\_\_  
**Employee/Associate Signature**