



### Acceptable Use and Confidentiality Agreement

**SECTION A** The Department of Health (Department) worker and the supervisor or designee must address each item and initial.

**Security and Confidentiality Supportive Data**

**W S**

- I have been advised of the location of and have access to the Florida Statutes and Administrative Rules.
- I have been advised of the location of and have access to the core Department of Health Policies, Protocols and Procedures and local operating procedures.

**Position-Related Security and Confidentiality Responsibilities**

I understand that the Department of Health is a unit of government and generally all its programs and related activities are referenced in Florida Statutes and Administrative Code Rules. I further understand that the listing of specific statutes and rules in this paragraph may not be comprehensive and at times those laws may be subject to amendment or repeal. Notwithstanding these facts, I understand that I am responsible for complying with the provisions of policy DOHP 50-10. I further understand that I have the opportunity and responsibility to inquire of my supervisor if there are statutes and rules which I do not understand.

- I have been given copies or been advised of the location of the following specific Florida Statutes and Administrative Rules that pertain to my position responsibilities:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- I have been given copies or been advised of the location of the following specific core DOH Policies, Protocols and Procedures that pertain to my position responsibilities:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- I have been given copies or been advised of the location of the following specific supplemental operating procedures that pertain to my position responsibilities:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- I have received instructions for maintaining the physical security and protection of confidential information, which are in place in my immediate work environment.
- I have been given access to the following sets of confidential information:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Penalties for Non Compliance**

- I have been advised of the location of and have access to the DOH Employee Handbook and understand the disciplinary actions associated with a breach of confidentiality.
- I understand that a security violation may result in criminal prosecution and disciplinary action ranging from reprimand to dismissal.



## Acceptable Use and Confidentiality Agreement

I understand my professional responsibility and the procedures to report suspected or known security breaches.

The purpose of this Acceptable Use and Confidentiality Agreement is to emphasize that access to all confidential information regarding a member of the workforce or held in client health records is limited and governed by federal and state laws. Confidential information includes: the client's name, social security number, address, medical, social and financial data and services received. Data collection by interview, observation, or review of documents must be in a setting that protects the client's privacy. Information discussed by health team members must be held in strict confidence, must be limited to information related to the provision of care to the client, and must not be discussed outside the department.

<b>DOH Worker's Signature</b>	<b>Date</b>	<b>Supervisor or Designee Signature</b>
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**Understanding of the Florida Computer Crimes Act, if applicable.**

The Department of Health has authorized you to have access to sensitive data through the use of computer-related media (e.g., printed reports, microfiche, system inquiry, on-line update, or any magnetic media).

Computer crimes are a violation of the department's disciplinary standards and in addition to departmental discipline, the commission of computer crimes may result in felony criminal charges. The *Florida Computer Crimes Act, Chapter 815, F.S.*, addresses the unauthorized modification, destruction, disclosure or taking of information resources.

I have read the above statements and by my signature acknowledge that I have read and been given a copy of, or been advised of the location of, the *Florida Computer Crimes Act, Chapter 815, F.S.* I understand that a security violation may result in criminal prosecution according to the provisions of *Chapter 815, F.S.*, and may also result in disciplinary action against me according to Department of Health policy.

The minimum information resource management requirements are:

- Personal passwords are not to be disclosed. There may be supplemental operating procedures that permit shared access to electronic mail for the purpose of ensuring day-to-day operations of the department.
- Information, both paper-based and electronic-based, is not to be obtained for my own or another person's personal use.
- Department of Health data, information, and technology resources shall be used for official state business, except as allowed by the department's policy, protocols, and procedures.
- Only approved software shall be installed on Department of Health computers (DOHP 50-10.2).
- Access to and use of the Internet and email from a Department of Health computer shall be limited to official state business, except as allowed by the department's policy, protocols, and procedures.
- Copyright law prohibits the unauthorized use or duplication of software.

<b>DOH Worker's Signature</b>	<b>Date</b>	<b>Supervisor or Designee Signature</b>
<b>Print Name</b>	<b>Date</b>	<b>Print Name</b>

W=Worker      S=Supervisor