



# NON-EMPLOYEE INFORMATION SECURITY AGREEMENT

NMU00510 (05/04/17)

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### IMPORTANT INFORMATION ABOUT THIS FORM:

- ALL FIELDS AT THE TOP OF THIS FORM ARE **MANDATORY** AND MUST BE TYPED.
- HANDWRITTEN FORMS WILL **NOT** BE ACCEPTED.
- ALL SIGNATURES **MUST** BE DONE BY HAND or USING UMC'S E-SIGN SERVICE.

DATE OF REQUEST: \_\_\_\_\_

FIRST NAME:	LAST NAME:	TITLE: <input type="checkbox"/> Physician <input type="checkbox"/> Resident <input type="checkbox"/> Medical Student <input type="checkbox"/> Other (must specify): _____
COMPANY, ORGANIZATION or OFFICE:		OFFICE PHONE: _____ OFFICE FAX: _____
UMC DEPARTMENT:		EMAIL ADDRESS: _____
CURRENT UMC WINDOWS ID: <input type="checkbox"/> N/A	START / TRANSFER DATE:	END DATE:

As a UMC User or Business Associate, as defined by HIPAA, I have read, understand and agree to adhere to HIPAA policies, procedures, and agreements that pertain to Business Associates and other agents. I understand that my activity on the UMC Network will be logged / monitored and any unauthorized access or unreasonable violation of the HIPAA "Minimum Necessary" rule will be cause for immediate revocation. I further understand and agree to the following:

### SOFTWARE / HARDWARE:

1. I agree to use only authorized and secure electronic resources for UMC business purposes.
2. I agree not to install software, either UMC-owned or personally-owned, on any UMC asset without the express written permission of the Information Security Officer or designee.
3. I agree not to install UMC software on personal devices (e.g. PCs, tablets, PDAs, etc.) without the express written permission of the Information Security Officer or designee.
4. I agree not to move UMC information from one location to another (either physically or logically) without the express written permission of the Information Security Officer or designee.
5. I agree not to share UMC information with any other person (either physically or logically) without the express written permission of the Information Security Officer or designee.
6. I agree not to install, attach, adjust or attempt to repair any UMC asset without the express written permission of the Information Security Officer or designee.
7. Hardware (e.g. PCs, laptops, PDAs, USB storage devices or other removable media, etc.) is not allowed to be connected to the UMC Network without the knowledge and/or express written permission of the Information Security Officer or designee.

### SECURITY:

8. Protected Health Information (PHI) is to remain on authorized equipment and never moved to a personal or portable device or other media.
  9. I agree not to give access to a workstation session or allow my login credentials to be used by any other person for any reason without the express written permission of the Information Security Officer or designee.
  10. I agree not to adjust any user's account or privileges without the express written permission of the Information Security Officer or designee.
  11. I agree not to create user accounts without the express written permission of the Information Security Officer or designee.
  12. I agree not to adjust any system settings including (but not limited to):
    - a. Network settings
    - b. Remote access settings
    - c. System policy settings
    - d. Operating System settings (excluding desktop settings)
    - e. Application settings other than preferences (i.e. cannot modify intended access to data)

*Note: Adjusting system settings requires the express written permission of the Information Security Officer or designee.*
  13. I agree not to allow any unauthorized individual to access any part of the UMC electronic information system or UMC information (either physically or logically).
  14. I agree not to attempt to access systems or services unless I have formal and approved documented access to the systems or services.
  15. I agree to maintain confidentiality of all information in all forms (e.g. paper, electronic or other) and will provide UMC with information about our security practices upon request.
  16. I agree to return, securely delete or destroy all confidential data acquired from UMC when that data is no longer required.
  17. I agree to electronically transport information to and from UMC only when approved in writing by the data owner using UMC predefined secure methods.
- ▶ UNAUTHORIZED MODIFICATION OR ALTERATION OF THIS DOCUMENT WILL RENDER IT NULL & VOID AND WILL TERMINATE THE ACCESS REQUEST PROCESS.
- ▶ IN THE EVENT THAT ANY OF THE ABOVE POLICIES ARE VIOLATED OR THIS FORM IS FOUND TO HAVE BEEN ALTERED WITHOUT AUTHORIZATION, THE REQUESTER WILL BE PENALIZED IN ACCORDANCE WITH UMC POLICY REGARDLESS OF SIGNATURE ON THE ALTERED FORM.

\*Requester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Managing Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*(Note: The term "Requester" is defined as a formally authorized non-employee performing or facilitating services for UMC and the term "Managing Representative" is defined as the Project Lead or Site Manager from the Requester's organization.)

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS