

# Information Security Acknowledgement Form

## NYU Medical Center

In the course of my duties I may be given, or otherwise gain, access to confidential or privileged information relating to this or other institutions, to patients, employees, students or other individuals or groups. Examples of such confidential or privileged information include information in reports, in documents related to institutional practices, patient charts and all related information, laboratory notebooks and computer information systems of diverse kinds, not limited to information originating from the institution or its affiliates.

I understand that this access is provided for the sole purpose of facilitating my role as a faculty member, an employee, member of the hospital staff or student of NYU Medical Center or an affiliated institution in the performance of approved tasks which may include the provision of patient care, the conduct of research, and administrative functions. I understand that access provided to the information resources of NYU Medical Center does not automatically grant access to the resources of any other institution, affiliated or not: such authorization is granted on an institution-by-institution basis as provided by the policies and procedures of that institution.

I understand that the confidentiality of medical information is protected from unauthorized disclosure under state law and that its use for research is limited by federal law and institutional policies.

I recognize that use of my computer accounts that is unauthorized or in any manner inconsistent with my assigned responsibilities may cause serious damage including, but not limited to, compromise of patient care and actual harm to individual patients, the institution and others, loss of irreplaceable clinical and research data, and interference with the administrative functions and responsibilities of the institution and its affiliates. Such unauthorized use or use that is inconsistent with my assigned responsibilities may be or result in a violation of state or federal law and may be sufficient cause for legal remedies to be sought against me by the institution or the owners or subjects of the data I have misused, compromised or damaged.

In order to preserve the confidentiality of the information and the integrity of the information systems to which I may have access, I acknowledge and agree that:

A. Regardless of how obtained, I will respect the confidentiality of all information to which I have access, neither divulging confidential information without appropriate consent nor seeking to obtain access to confidential information to which I am not entitled. I acknowledge a continuing responsibility to maintain the confidentiality of this information, independent of my job assignment within the institution and my long-term employment status at the institution, or elsewhere.

B. Should my responsibilities include the conduct of research, all research, including research performed with the assistance of computerized data resources at this or at any affiliated institution, will be performed in accord with applicable institutional review and policies on informed consent.

C. All information pertaining to a hospital's patients, faculty, employees, donors, students or other individuals will remain under the administrative control of the institution managing these data and will be considered privileged and confidential in accord with the policies and practices of that institution and the applicable provisions of law. Such information includes individual items of data relating to identifiable individuals, as well as aggregated data in electronic or printed formats. These data will only be transferred between institutions, including affiliated institutions, via mechanisms formally agreed upon and approved by the authorized representatives of the concerned institutions.

D. Any passwords, verification codes or electronic signature codes assigned to me for access to computers or other information resources are intended for my personal use only. I will regard them as personal identifiers of my computer use similar to my signature on a document. Consequently I will not permit others to use them and will undertake all precautions necessary to ensure that no other person gains knowledge of them. Similarly, I will not seek to learn or use the passwords, verify codes or electronic signature codes of my co-workers. I understand that I will be considered accountable for all data entries and activities performed under my assigned passwords, verify codes or electronic signature codes. I recognize that I may be sanctioned by the institution as outlined in section K below for any actions that constitute misuse of my passwords or electronic signature codes, or any use by any other persons in possession of them.

E. Should individuals under my supervision, whether personal employees, employees of NYU Medical Center or of an affiliate or other individuals for whom I am responsible, require access to information, computer, or network services for any purpose, I will obtain individual passwords, verify codes or electronic signature codes where appropriate for these individu-

als. I will never share my own passwords, verify codes or electronic signature codes with individuals under my supervision. I acknowledge that I will be held personally responsible for the actions of individuals under my supervision and of any other persons in possession of my passwords or electronic signature codes, as outlined in sections D and K.

F. Unless otherwise permitted by explicit institutional policy I will limit my use of the institution's computers and information systems to those activities consistent with my assigned responsibilities. I further understand that the institution may place restrictions on the use to which individuals under my supervision may make of the institution's information resources and I will ensure that these restrictions are honored. Should my duties, or those of individuals under my supervision require access to services available on the Internet these services and resources will be treated with respect and activities will be limited according to the same rules that would apply were these resources internal to the institution. I will not attempt unauthorized access to any computer or device irrespective of its location, I will not create viruses or any other type of computer program or document that might damage or limit access to another computer, or create a nuisance for the owner or users of any computer or device. I understand that a violation of these rules may lead to disciplinary proceedings against me, as outlined in section K below.

G. I acknowledge that I and individuals under my supervision have a responsibility to preserve the integrity and continuity of the information to which we have access, to safeguard its physical safety, and to ensure that software and documents are used in accordance with applicable licensing agreements and copyright law. Accordingly, any computers and network connections for which I am responsible will be used in a manner approved by the institution and in conformity with its policies and practices. I understand that institutional regulations require the regular backup of data files, mandate the use of anti-virus software, ban software piracy and limit the use of copyrighted material.

H. Unless individual institutional regulations provide otherwise, all computer hardware, programs, development concepts, and data to which I am given access remain the sole property of the institution and its affiliates.

I. Neither I nor individuals under my supervision will use institutional computer equipment or network for personal use or for the benefit of another institution unless such use has been approved by an authorized representative of the institution. These same restrictions will apply whether the information systems are accessed directly or indirectly via any telephone or network connection. I understand that, to maintain computer and network security and to provide guidance to improve user productivity, authorized institutional staff continually monitor network traffic, including electronic mail. I understand that the institution reserves the right to inspect all computer software and data on computers owned by the institution and/or on any computer connected to the institution's internal computer network. Should I have access to institutional information systems from an off-site location, I agree that the institution may conduct an audit of the policies, procedures and utilization of the institutions information resources at that site to ensure consistency with institutional policies and practices.

J. I will immediately report to the Data Security Officer or to his/her designee at each of the institutions potentially affected, any discovery of the misuse of institutional or affiliate computing resources, including anything that leads me to suspect that the security of my own passwords, verify codes and electronic signature codes, or that of individuals for whom I am responsible, has been compromised.

K. Failure to adhere to this policy may be sufficient grounds for the immediate denial of access to the information resources of NYU Medical Center or its affiliated institutions, loss of staff privileges at those institutions, and/or other disciplinary actions, including possible dismissal from employment. Other than temporary denial of access for reasons of urgent system security, any such disciplinary actions will be undertaken through institutionally prescribed mechanisms and in accord with existing contractual agreements and/or institutional by-laws appropriate to my status (e.g. as a faculty member, an employee, student, visitor).

L. I understand that this signed document will be retained in my personnel file.

I requested an explanation of some items in this document before signing it: the items I asked about are circled here: A B C D E F G H I J K L.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** This document is revised periodically to reflect the changes in the institutional environment. You may be required to acknowledge your acceptance of the revised policy at the request of a supervisor.  
*If you wish to discuss an aspect of this agreement you may do so by contacting your supervisor or departmental administrator at any time.*

I discussed the contents of this form with the signatory, and answered the questions raised.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_