Revision 4.0: 1/9/07

NEW YORK HARBOR HEALTHCARE SYSTEM'S

Computer Access Request

To be completed by Employee

First Name | *Middle Initial* | *Sex*

Last Name | *Suffix (e.g. 'Jr.', 'III')*

Title

Social Security Number — —

Date of Birth (Month/Day/Year) / /

To be completed by ADPAC

Re-Issue Access Code: (eg User forgot Access Code): ❑

Primary Menu: ❑ AEIT1 (Patient Info) ❑ AEIT2

Secondary Menus:	Keys
	❑ Magdisp Clin *(VistA Imaging Display)*
	❑ COR CPRS GUI 'Core' Tabs
❑ *See attachment for more info*	❑ *See attachment for more info*

Shared Drive(s): _____

Please use the complete name of the share (eg: SIGNINFOLDERS ON 'VHANYNCLU1/MEDICALSTAFF' (J:)*)*

Division: ❑ Brooklyn ❑ New York ❑ St. Albans *Please check off all that apply*

Service/Section | *Room Number*

Office Phone

Digital Pager

Mail Code

Network Access? ❑ Yes ❑ No **Outlook Mail?** ❑ Yes ❑ No

CHECK 'NO' IF USER ALREADY HAS A CURRENT ACCOUNT ISSUED BY ANOTHER MEDICAL CENTER IN THE VISN.

Applicant's Signature and Date

ADPAC, AO, or Service Chief's Signature and Date

SUBMIT TO IRM ONLY WHEN REGISTRATION & TRAINING REQUIREMENTS ARE COMPLETED!

Rules of Behavior for Automated Information Systems

VA New York/New Jersey Veterans Integrated Service Network 3

Check all of the following that apply to your use:

❑ VistA ❑ LAN ❑ Telephone ❑ Internet Use ❑ Other(s) Specify: _____

The following rules of behavior apply to everyone (e.g., VHA employees, contractors, and business partners) who has access to this VHA automated information system (AIS) resource(s). Because written guidance cannot cover every contingency, personnel are asked to go beyond the stated rules, using their best judgment and highest ethical standards to guide their actions. Personnel must understand that these rules are based on Federal laws, regulations, VA and VHA Directives. As such, there are consequences for non-compliance with rules of behavior. Depending on the severity of the violation, at the discretion of management and through due process of the law, consequences can include: suspension of access privileges, reprimand, suspension from work, demotion, removal, and criminal and civil penalties.

I am aware of the regulations and VISN 3 information security policies designed to ensure the confidentiality of all sensitive information. I am aware that information about patients or employees is confidential and protected from unauthorized disclosure by law. I understand that my obligation to protect VA information is indefinite under the provisions of the Privacy Act of 1974 as amended. I understand that my obligation to protect VA information does not end with either the termination of my access to this facility's systems or with the termination of my government employment.

I understand that, when using the above resource(s), I am personally accountable for my actions and that I must:

1. Protect sensitive information from disclosure to unauthorized individuals or groups;
2. Acquire and use sensitive information only in accordance with the performance of my official government duties, utilizing established security policies and procedures. This includes: properly disposing of sensitive information contained in hardcopy or softcopy, as appropriate, and ensuring that sensitive information is accurate and relevant for the purpose which it is collected, provided, and used;
3. Protect information security through effective use of my access codes and devices;
4. Protect my access codes and devices from disclosure;
5. Protect my computer equipment from damage, abuse, and unauthorized use;
6. Report security incidents and vulnerabilities to the ISO;
7. Comply with all copyright licenses associated with the resource;
8. Comply with the personal use of government equipment in accordance with my site's local policies and procedures;

I understand that management has the right, in the course of an official investigation to monitor, intercept, read, record, and copy all information attributable to my access of this resource.

Unless and until the Director of this facility or my direct Supervisor releases me in writing, I understand that all conditions and obligations imposed upon me by these rules apply during the time I am granted access to VHA systems.

For Privileged Users (i.e. System Managers, Programmers, Etc)

- I understand that as a privileged user I must perform my duties with special care to avoid compromising information security.

Remote Access

- I understand that the same security measures apply no matter where I am located. I will protect information in a manner consistent with its value, sensitivity, and criticality.
- I will comply with the personal use of government equipment in accordance with my site's local policies & procedures.
- I will protect VA equipment by ensuring the latest anti-virus software is installed on the machine that I am using to connect to the VA network.
- I am prohibited from altering the configuration on government equipment unless authorized.
- I am prohibited from copying work related/sensitive files on to any non-VA computer.
- I am aware that I am not permitted to connect to the VA network while connected to any other network such as a DSL service.

- I am aware that current VA regulations do not permit the use of Microsoft XP systems when connected to the VA network.

Internet Use

- I will comply with local policies and procedures regarding my use of the Internet.
- I will corroborate information found on the Internet prior to its use for business decision-making purposes by consulting other sources.
- I will screen all non-text files downloaded from non-VA sources via the Internet with virus protection software prior to being used.
- I will not misrepresent, obscure, suppress, or replace a users identity on the Internet or any VA electronic communi cation system.
- I must conduct myself professionally and refrain from using the Internet for activities that are inappropriate of offensive to co-workers or the public.
- I will use not use Government issued credit cards for personal access to the Internet, or to purchase items form the Internet for personal use.
- I understand that using VA resources to access the Internet are subject to monitoring and may be filtered.

E-Mail/Fax

- I am prohibited from sending sensitive information via e-mail or fax, unless encrypted.
- I understand that as a VA employee, I must not compromise or breach the organization's security by transmitting, storing, or receiving communications that are discriminatory, harassing, obscene or inappropriate, abusive, profane, or otherwise illegal.
- I understand that electronic mail is not inherently confidential and I have no expectation of privacy in using it.
- I understand that management reserves the right, in the course of an official investigation, to monitor, intercept, record, read, and copy all information on the e-mail system.
- Comply with the personal use of e-mail in accordance with local policies and procedures.
- I understand that I am responsible for the content of all communications that I personally generate, store or send using e-mail.
- I understand that I must not open e-mail attachments that originate from unknown or mistrusted sources.
- I understand that I may not use e-mail to transmit copyrighted materials that do not belong to the organization.
- I must not use an electronic mail account assigned to another individual to send or receive messages.
- I understand that management may exercise reasonable discretion in determining what constitutes limited personal use of VA resources and communications systems.

I acknowledge receipt of and understand my responsibilities, and will comply with the rules of behavior for the resource defined above.

The referral to protection of equipment is limited to that which you have direct control.

I affirm with my signature that I have read, understand, and agree to fulfill the provisions of this of these rules of behavior for all VA systems to which I permitted access.

_____ _____

Employee Signature, Title *Date*

Expiration Date (for students and temporary employees): _____

Contract Employee Signature	*Contract and Contract Number*
Contractor Signature	*Contract Expiration Date*