LOMPOC VALLEY MEDICAL CENTER
Lompoc Healthcare District

Business, Contractor, Remote User

INFORMATION SECURITY AGREEMENT

By my signature below, I acknowledge the requirements to use Lompoc Healthcare District (LHD) Lompoc Valley Medical Center (LVMC) computerized systems, network, and telephony systems. I also understand and acknowledge that failure to comply with this and associated agreements can evolve to federal and state criminal proceedings against me.

Therefore, I acknowledge access and the use of LHD computerized systems or corporate networks are conditional to my arrangement with LHD. Further, I acknowledge the systems, data, networks, and media are property of LHD, and my use of said systems under this and other agreements is a privilege. Misuse, destruction, or any other intentional or unintentional behavior including intentional or unintentional violations of federal and state privacy laws, that in any way affect LHD, its employees or patients may terminate any existing agreements and is punishable in the applicable court of law, and grounds for civil suits against the user, its associates, and companies.

I have reviewed and accept the terms of the LHD provided: (initial each item below)

_____ Confidentiality Agreement.

_____ I have reviewed and agree to honor applicable sections of LVMC Information Security Policy

_____ I agree LHD maintains the right to audit my systems, connectivity, or anything associated with my electronic connections to LVMC.

_____ I acknowledge I may be audited by LHD, its affiliates or state and federal investigators.

_____ I acknowledge I shall report and provide full investigation access of any security incident and will meet the covenants of the HIPAA Business Associate Agreement.

_____ I understand each service, access, account, and/or permission(s) made available shall be the minimum necessary to perform the contractual obligations, and will notify LHD immediately if the access level requirements change.

_____ I agree to notify LHD immediately upon the termination of an employee or associate.

_____ I agree to maintain a current identification and contact information with LHD.

_____ I have discussed LHD requirements for data protections specific to my situation and will fully comply.

_____ I understand LHD has the right to monitor and revoke user activity.

_____ I acknowledge copying and disclosing information is strictly prohibited without prior written LHD authorization.

_____ I agree to return or destruct programs and information at the end of the contract with LHD prior understanding and possible approval.

_____ I acknowledge that physical protection measures are necessary, and will fully comply.

_____ Signed Business Associate Agreement.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

COMPANY: _____ TITLE: _____

SYSTEM ACCESS PROVIDED: _____

_____ User Signup forms complete, including legible government issued ID(s) or License Number.

STAFF SIGNATURE: _____ DATE: _____