

This acknowledgment provides a summary notice of rules and procedures for employees who require remote access to Valley Children's Hospital ("Children's") Information Systems as a function of their position. Employees must obtain approval from their supervisor before Remote Access will be granted.

Remote Access Acknowledgment

1. **Work at Home policy.** Remote User will read and adhere to Children's Work at Home policy (HR-1010) while connected to and utilizing any information system remotely. Remote User agrees that remote access is only to be used for Children's business purposes.
2. **Standards of Conduct policy.** Remote User will read and adhere to Children's Standards of Conduct policy (HR-1106) while connected to and utilizing any information system remotely.
3. **Acceptable Use standard.** Remote User will read and adhere to Children's Acceptable Use policy (AD-1001) while connected to and utilizing any information system remotely.
4. **Protection of Confidential Information.** Remote User will protect the confidentiality, integrity and availability of all electronic patient health information at all times. Remote User will comply with all organizational policies, state and federal laws and regulations concerning the security and privacy of confidential information.
5. **Passwords and Codes.** Remote User will abide by Children's Access Control Policy regarding usernames and passwords. Remote User will NOT share passwords, codes, credentials, or user accounts with others.
6. **Appropriate Safeguards.** Remote User will take proper steps to ensure the security of the device in which they connect to Children's Information Systems remotely. Remote User will not copy information accessed remotely to local devices and or portable devices. Printing information remotely is also not permitted unless specific authorization has been granted.
7. **Auditing and logging.** Remote User acknowledges that his/her remote access is subject to review and/or audit by Children's. Upon notice, Remote User shall return any Children's-owned portable device for purposes of ensuring compliance with this Agreement and the policies described herein.
8. **Response to Confidentiality Concerns.** Remote User acknowledges that if Children's determines in its discretion that remote access has been compromised by unauthorized parties, or that remote access has been misused, any or all of the following actions may be taken:
 - a. Remote Access terminated or disabled.
 - b. Notification to Remote User and/or Remote User's supervisor of concerns related to remote access.
 - c. Termination of this agreement.
 - d. Notification of the human resources department, information security officer, and/or information privacy officer may occur.
9. **Notification of Breach.** During the term of this Agreement, Remote User shall notify Children's within (24) hours of any suspected or actual breach of security, intrusion or unauthorized use of disclosed PHI of which Remote User becomes aware. Notification will be made in the way of the ITS Service Desk (559) 353-7300



Information Systems Employee Remote Access Acknowledgment

- 10. Training Module Agreement Statement:** Remote user acknowledges that he or she has been provided the Remote Access and Portable Device Training Module from Children's. Remote User also acknowledges that this training module has been successfully completed prior to obtaining access to Children's Information Systems or receipt of a Children's-owned portable electronic device. Only the authorized individual listed on this form shall have access to Children's Information Systems or portable device.



Remote Access Acknowledgment

Remote Access Acknowledgement

By completing and signing this form, you acknowledge that you have read and understand the aforementioned agreements and all supported policies that pertain to it. All organizational policies are available upon request from the ITS service desk (559) 353-7300.

To complete this form: Fill out all sections of this form, **Please print clearly**, Incomplete or illegible forms will not be processed and may be returned, Return this page only. All other pages are for your records.

Remote User Information:

Remote User Information:			
Please fill in all applicable information in the spaces provided:			
Last Name		First Name	
Network User ID	Employee ID	Mailstop or Address	
Company Name		Department Name	
Title		Phone Number	
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Business Email Address		Department Directors Name (For non-employees document the Valley Children's Hospital representative approving remote access)	
Remote User Signature (I have read the above and agree to all terms and conditions contained therein.)			Date
Employee Director Signature (I authorize remote access for the above employee.)			Date
<p>Note: This form is only an acknowledgment for the authorization of 'remote access' and does not grant the user access to any information system within the Valley Children's Hospital network infrastructure. All requests for access to information systems must be completed and submitted by a Valley Children's Hospital Remote User (Director) as an access request on the George page.</p>			
<p>MAIL COMPLETED FORMS BACK TO: Valley Children's Hospital 9300 Valley Children's Place, Mailstop PCXG-01, Madera, CA 93638-8762 or fax to (559) 353-7169</p>			