

# Community Case Management COMPUTER ACCESS-AUTHORIZATION

## TO BE COMPLETED BY USER

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Job Title \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

*Password reset requests will be sent to the above email or cell phone*

### **Security and Privacy Acknowledgment:**

I am aware of and agree to abide by Information Security and Privacy Policies including, but not limited to:

- The unauthorized access to, possession, use, reading, copying, or alterations of company records; the unauthorized disclosure of information contained in such records; and the disclosure to any unauthorized person, are strictly forbidden.
- Information entered and activity in this system under my authorized user ID and password may be monitored and shall be my responsibility. My user ID and password are my signature. I may not:
  - share my user ID and password with anybody.
  - leave a device to which I have signed on unattended.
- Willful abuse or irregularity on my part - including not keeping my password secret or pressuring another person to share a user ID and password - shall be subject to disciplinary action.

*Policy violations will be sanctioned - up to and including immediate termination of employment or relationship, notification to regulatory agencies, and notification to law enforcement bodies, when warranted.*

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

Director Signature \_\_\_\_\_ Date \_\_\_\_\_