

3DHB Security Access Agreement Users Terms & Conditions

PURPOSE

Capital & Coast District Health Board (CCDHB) Hutt Valley District Health Board (HVDHB) and Wairarapa District Health Board (WDHB) holds personal information, health information about patients and employees as well as business and financial information. The DHB's have an obligation to ensure there is no unauthorised disclosure or loss of this information.

As a user of the DHB's information and computer systems, you will have access to some or all of the information. Before you are permitted access to any information you are required to read the Conditions of Access and Use as set out below and accept them by signing at the end of this page.

CONFIDENTIALITY

I will only access and use information that is necessary for the performance of my duties.

I will not try to benefit personally or permit others to benefit personally from any information or use of equipment available to me.

I will not remove, copy or disclose any information except when necessary for the performance of my duties and in accordance with relevant statutory and policy obligations including the Privacy Act 1993, Health Information Privacy Code 1994 and the DHB's Privacy Policy.

Any information I include in a report or record will, to the best of my knowledge, be true and accurate.

PERSONAL USE

I accept that using the internet and/or email (if applicable) for personal purposes is acceptable provided it is for short durations, does not adversely impact the performance of the DHB's network, does not interfere with the activity of other users and does not impact on my work.

I accept that use of email for personal broadcast is not permitted.

PASSWORDS

I agree that my user name and password must never be shared or revealed to anyone else, written down, openly displayed or stored on or near the computer. I will change my password as soon as practicable if it becomes compromised.

I will not allow access by any other person while I am logged into a computer with my password.

EXTERNAL USER

I am already a user of my company's computer systems and have signed a similar Security Access Agreement.

STORAGE OF DATA

I will not operate any unauthorised software or make any unauthorised copies of software on any computer or portable device provided by the DHB.

I will handle, store and dispose of any information in accordance with relevant statutory and policy obligations including the Privacy Act 1993, Health Information Privacy Code 1994, DHB's Privacy Policy and Public Records Act 2005.

I will not store sensitive and confidential patient, employee or business information on an unsecured device such as CD/DVD, USB or other portable device.

COMPLIANCE AND MONITORING

I am aware that the DHB monitors all access to information held by the DHB including information stored on DHB computer systems.

I agree that I will not use DHB computing facilities for any unauthorised commercial activities.

I agree I will not use DHB computing facilities for the access, transfer, storage of objectionable material.

I understand the DHB will review and if appropriate renew my access privileges to DHB information and computer systems.

I understand that my obligations under this Agreement will continue after my access to DHB's information and computer systems have been terminated.

I understand that if I do not comply with the Conditions of Access and Use, the DHB may revoke my access.

PORTABLE DEVICES

I accept that when using portable devices in the performance of my duties I will act in accordance with both the confidentiality requirements of this agreement and other relevant DHB policies.

REPORTING PROBLEMS

If I become aware of any unauthorised use of information or equipment I will report it to my manager immediately or the DHB's Help Desk as soon as practicable.

I undertake to read and understand the DHB's Code of Conduct, Privacy and Legislative Compliance & Portable Devices policies (all policies can be found on the DHB's document management system on the intranet)

Full Name: (Please Print)	Job Title: (Please Print)	
Signature:	Date:	Company/Department (Please Print):