



ELECTRONIC ACCESS AGREEMENT

Name (Please Print): _____ UVA Computing ID: _____

Employer/Sponsor: Medical Center Physicians Group Academic Division Wise Related-Foundation

Department: _____

The following apply to any and all access or use of UVA's information technology (IT) resources.

1. I will not obtain or attempt to obtain unauthorized access to UVA's IT resources, circumvent or attempt to circumvent security controls on UVA's IT resources, nor allow unauthorized users access to UVA's IT resources at any time, whether during my period of employment or following my separation from the University.
2. I will not divulge or share my passwords, PINs, private keys, hardware tokens, or similar authentication elements ("electronic credentials") to or with other individuals, or allow others to use an account that I have logged into using my electronic credential. I acknowledge that the combination of my computing ID and electronic credential (or use of a hardware token) is considered equal to my electronic signature. I understand that I will be held responsible for the consequences of any misuse occurring under my electronic credential due to any action or neglect on my part.
3. I will not use another person's electronic credential. If I have reason to believe that my electronic credential, or those of another individual have been compromised or are being used by a person other than the individual to whom they were issued, I will immediately report it to the appropriate (UVA Academic Division, UVA Medical Center, or UVA Physicians Group) Information Security Office.
4. I will immediately report any suspected breaches of confidentiality of highly sensitive data, including patient information, to the appropriate Information Security and Compliance Offices.
5. I agree to access or alter only the information for which I have responsibility and authorization, and not to view information that I have no need to see as part of my responsibilities. Access to or use of any UVA IT resource and the data it contains (that was not already intentional made public) for my own personal gain or profit, for the personal gain or profit of others, or to satisfy personal curiosity is strictly forbidden.
6. I will respect the confidentiality of individuals to whose information I have been given access. I will not view or disclose that information except as required by my responsibilities and as allowed by UVA Academic Division, UVA Medical Center, and UVA Physicians Group policies and applicable law.
7. I understand that the transactions processed with my electronic access may be audited, and appropriate action will be taken if improper uses are detected.
8. I agree to follow the privacy, security, and other computing policies, standards, and procedures established by the UVA Academic Division, UVA Medical Center, and UVA Physicians Group, as well as all local, state, and federal laws, including security and privacy laws and regulations, that apply to the use of my electronic credential and to the UVA IT resources I access.
9. I understand these concepts apply to all UVA IT resources, both fixed and mobile devices (such as, but not limited to desktop computers, laptops, tablets, smartphones and text-enabled pagers). I also agree to safeguard the information I access and the devices assigned to me and report any losses promptly to the appropriate Information Security Office.
10. My signature below indicates that I have read, understand, and agree to abide by these requirements. Failure to do so may result in the limitation or revocation of my access to UVA IT resources and/or disciplinary actions, up to and including termination of my employment.

Signature

Date

July 2017. Reprints:

<http://www.virginia.edu/informationsecurity/documents/ea.pdf> [NEED TO UPDATE URL]

<https://www.hsts.virginia.edu/forms/employee-access-agreement>

For UVA employees, send to appropriate human resources department identified below (for Medical Center non-employees, send to the departmental Sponsor for documentation retention):

University of Virginia Human Resources
P.O. Box 400127
Charlottesville, Virginia 22904
434-924-4450

University of Virginia Medical Center
Human Resources
P.O. Box 800567
Charlottesville, Virginia 22908
434-982-4122

University of Virginia Physicians Group
Human Resources
500 Ray C. Hunt Drive
Messenger Mail Box 800504
Charlottesville, Virginia 22903
434-295-1000

Glossary:

Information Technology (IT) Resources: All resources owned, leased, managed, controlled, or contracted by the University involving networking, computing, electronic communication, and the management and storage of electronic data including, but not limited to:

- Networks (virtual and physical), networking equipment, and associated wiring including, but not limited to: gateways, routers, switches, wireless access points, concentrators, firewalls, and Internet-protocol telephony devices;
- Electronic devices containing computer processors including, but not limited to: computers, laptops, desktops, servers (virtual or physical), smart phones, tablets, digital assistants, printers, copiers, network-aware devices with embedded electronic systems (i.e., “Internet of things”), and supervisory control and data acquisition (SCADA) and industrial control systems;
- Electronic data storage devices including, but not limited to: hard drives, solid state drives, optical disks (e.g., CDs, DVDs), thumb drives, and magnetic tape;
- Software including, but not limited to: applications, databases, content management systems, web services, and print services;
- Electronic data in transmission and at rest;
- Network and communications access and associated privileges; and
- Account access and associated privileges to any other IT resource.