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Confidentiality of Information, Business Equipment Agreement & Use of Information Technology

Confidentiality of Information

In the course of your employment with the Santa Barbara County Public Health Department, you are expected to abide by all relevant policies and regulations and you are bound by an oath of confidentiality regarding laws which pertain to the confidentiality of such information and to its release and use. Non-patient information may be confidential.

If you are unsure whether information is confidential, you have an obligation to determine through an appropriate supervisor whether the information is confidential and whether you have the authority to release the information (Patient Information W&I Code, Section 5232).

In the event you unlawfully reveal or make available information, which is confidential, you may be subject to disciplinary action and to civil damages and penalties as set forth by law.

I have read and I understand the above Notice of Confidentiality of Information and I agree to act in accordance with its contents.

Signature: _____

Date: _____

Print Name: _____

Business Equipment Issued

I hereby acknowledge that I have received the County equipment listed below and I am aware that County equipment can be used only for County business purposes. I am responsible for returning all equipment upon termination of assignment with the County.

Item Issued and Identification Number	Issue Date	Initials	Return Date	Initials	Item Issued and Identification Number	Issue Date	Initials	Return Date	Initials
County credit card #					Personal computer #				
Pager #					Computer printer #				
Cellular phone #					Modem				
Badge #					Software (list):				
Automobile #									
Keys (list):									

Comments: _____

IT IS THE EMPLOYEE'S RESPONSIBILITY TO KEEP THE ABOVE PROPERTY LIST CURRENT.

Use of Information Technology

Information Technology is defined as hardware, software, network and computer applications used in the workplace. I understand that access to Information Technology within the Santa Barbara County Public Health Department is limited to those individuals who are:

- Bound by an Oath of Confidentiality (W&I Code Section 5232);
- Issued an account authorized and assigned by the current Systems Administrator or designated Public Health Department employee;
- Currently employed by the Santa Barbara County Public Health Department.

I understand that my login user identification is for my use only and that my password is to be known only to myself.

I understand that the unauthorized release or confidential information may make me subject to a civil action, including a \$500.00 fine, under provisions of the W&I Code.

Internet Use

I hereby acknowledge that I will be held accountable for my actions when accessing the Internet from County owned resources. I understand that the use of the Internet is restricted to the following:

- I will use the County's Internet access for County management approved purposes only. Personal communications and research are not allowed;
- I will not transmit or make available sensitive County data over the Internet;
- I will not transmit data and/or communication violating any applicable law or regulation (including copyright laws);
- I will not communicate any language, which may be deemed offensive in any way.
- I will not share my login identification and password;
- I will not leave my Internet session unattended;
- I will not jeopardize network services by knowingly or carelessly distributing computer worms, Trojan horses or viruses. I will follow all virus protection procedures;
- I am aware that my activity on the Internet, including sites that I visit, may be monitored;
- I will follow the County's IS Plan *Information Security Guidelines* and its *Internet Use Guidelines*;
- I recognize that my willful or negligent failure to fulfill these responsibilities could result in the abuse of County information resources and data, and that the County may hold me responsible for such abuse.

I have read and I understand the above Use of Information Technology and Internet Use Agreements and I agree to act in accordance with its contents.

Signature: _____ **Date:** _____

Print Name: _____

Login ID: _____ **Location:** _____