



FSU College of Medicine Acceptable Use Agreement for FSU and College Data

Purpose: This agreement governs the use of technology resources at Florida State University's College of Medicine (FSU CoM) by Faculty, Staff, and Students.

Scope: This agreement extends to all Faculty, Staff, and Students who utilize FSU CoM technology resources.

Agreement: Data protection is critical to the mission of the FSU CoM. I understand that in the course of my association with The Florida State University ("University"), I may have access to confidential, protected or personal health information in paper and/or in electronic form.

I will receive and hold all personal, private, and protected information as highly confidential, and hereby affirm that I will not:

- (i) Use any of it except in my work for the University
- (ii) Copy any of it except as necessary to such permitted use
- (iii) Publish, disclose, or provide access to any of it except for limited disclosure and access to other University employees who need to know for the same permitted use or as otherwise directed by the University
- (iv) Upon termination of my association or earlier as instructed by the University, I will return to the University all copies (original and duplicate) of all materials in whatever form containing confidential and/or protected information

I understand I am responsible for reading and understanding data protection policies and laws including but not limited to Family Educational Rights and Privacy (FERPA), Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH), and University and FSU CoM security and privacy policies.

I am responsible for taking basic steps to maintain the security, confidentiality, and integrity of FSU CoM's information such as but not limited to:

- Protecting paper records and backup media with locking rooms and/or filing cabinets.
- Using unique, strong passwords for both my FSUID & MEDID credentials.
- Changing passwords periodically and using appropriate means to prevent others from knowing my unique passwords.
- Verifying fax numbers, email, and/or other means of transmitting electronic information are secure prior to transmission.

Employee Name: _____ Date: _____

Signature: _____

Revised 5/2018