

HIPAA COMPUTER SECURITY AWARENESS ACKNOWLEDGEMENT

Name: _____

Division/Department: _____

Manager's Name: _____

- I acknowledge that I have reviewed the on-line (or paper copy) HIPAA SECURITY AWARENESS presentation.
- I understand that I am responsible for protecting electronic protected health information (*ePHI*) as follows:
 - Locking or logging off (or powering off) my assigned workstation when I leave my work area.
 - Not changing settings on my assigned workstation (desktop or laptop) or any other workstation, which disable security features.
 - Keeping all passwords for access to computing resources confidential.
 - Not loading (or download) or creating any software on my assigned workstation (desktop or laptop) or other workstation that has not been authorized by the agency (unless I am a designated IT developer).
 - Immediately removing any unauthorized software from my assigned workstation.
 - Following all guidelines regarding transmission of PHI via electronic mail.
 - Reporting any security problems I encounter or observe to my immediate supervisor.

_____ Date: _____

(Signed)