

ACKNOWLEDGEMENT OF RECEIPT INFORMATION SYSTEM POLICY & PROCEDURES

Please read the Information Systems Policy & Procedures. Sign and date this acknowledgement of receipt in the spaces below. Return *this page only* to the IS/IT department.

By signing below, I agree to the following terms:

1. I have received and read a copy of the Information Systems Policy & Procedures and understand the same.
2. I understand and agree that any computers, software, and storage media assigned to me by the NSMHA contains proprietary and confidential information about the North Sound Mental Health Administration and its consumers or vendors, and that this is and remains the property of the NSMHA at all times.
3. I agree that I shall not copy, duplicate (except for backup purposes as part of my job here at the NSMHA), otherwise disclose, or allow anyone else to copy or duplicate any of this information or software;
4. I agree that, if I leave North Sound Mental Health Administration for any reason, I shall immediately return to the NSMHA the original and copies of any and all software, computer materials, or computer equipment that I may have received from the NSMHA that is either in my possession or otherwise directly or indirectly under my control.
5. I understand and agree that all email messages I create, send, or receive are the property of the NSMHA and may be regarded as public information.
6. I understand that the electronic information I have access to is bound by the same current confidentiality agreement(s) that is (are) a part of my personnel record.

Employee signature: _____

Employee name (please print) _____

Date: _____

Department: _____