

Information Security Agreement

Every computer user is responsible for information security. Users are obligated to make sure that confidential information is not disclosed inappropriately, accidentally, or negligently. This agreement summarizes your information security responsibilities for the processing, storage, and handling of Northwestern Medicine information.

I understand and agree with the following:

- I will respect the confidentiality and integrity of information by complying with federal and state statutes and Northwestern Medicine policies regarding information privacy and security.
- I understand that all information that is created or stored on Northwestern Medicine systems remains the property of Northwestern Medicine.
- I understand that all my work may be monitored or reviewed by management. My computer and phone usage data is logged and subject to investigation for suspected illegal activities, policy violations, and regulatory compliance auditing.
- I will never share information with individuals that do not require the information to carry out their duties in or out of the workplace.
- I will never release information outside the organization without proper authorization.
- I will dispose of confidential paper documents by shredding.
- I will log off of applications and lock devices as appropriate when leaving an active computer device.
- I will dispose of electronic media according to the Hardware/Media Sanitation Procedure.
- I will safeguard against unauthorized use by protecting my access codes and passwords. I will never share my account ID or passwords. I will never utilize another user's account and password in order to access any Northwestern Medicine system.
- I will protect information on computer devices from theft, loss, damage and misuse, including mobile and personal devices.
- I will implement appropriate security protections, including current antivirus and firewall settings, on personal devices that connect to the Northwestern Medicine network.
- I will report any violation of this agreement to the Information Security Officer and cooperate with any investigation regarding possible security or privacy breaches.
- I understand that my access may be automatically terminated after 6 months of inactivity.
- Any violation of this agreement may result in a termination of access privileges, termination of employment and/or recommendation for prosecution.
- My obligations under this Agreement will continue after termination of my employment; at which time I will return all company information and equipment to Northwestern Medicine.

Signature: _____

Date: _____

Related Documents:

- Computer Use and Security Policy
- Confidentiality Policy
- Confidentiality and Information Security Acknowledgement