



Human Services Department

Client Services Information Systems User Confidentiality Security Agreement

I, the undersigned, have received and read a copy of the Broward County Human Services Department Information Systems User Security Principles and Policies. I hereby agree to abide by these principles and policies.

I acknowledge that violation of the Principles and Policies may result in criminal prosecution, civil liability, civil penalty and may subject me to disciplinary action, including possible termination of employment.

I understand that the purpose of this agreement is to emphasize that all client information contained in any of the Client Services System (CSMS), BIN (Broward Information Network), or other system available from BHSNet is confidential.

I understand my professional responsibilities, and that I am to report suspected or known security violations to Broward County Human Services Department.

I understand that access to confidential information is governed by State and Federal laws. Client confidential information includes medical, social and financial data.

Client data collected by interview, observation or review of documents must be in a setting which protects the client's privacy.

I further understand and acknowledge the following:

1. Registered user ID's and/or passwords are not to be disclosed.
2. Information, electronic or paper-based, is not to be obtained for my own or another person's personal use.
3. BHSNet member's information systems, data and information technology resources shall be used only for official business purposes.
4. Copyright law prohibits the unauthorized use or duplication of software.

User Name: _____
Printed

User Signature: _____ Date Signed: _____

Agency: _____
Printed

Supervisor Name: _____
Printed

Supervisor Signature: _____ Date Signed: _____