

ACCEPTABLE USE AGREEMENT

This Acceptable Use Agreement applies to Providence Health & Services (PH&S) employees, volunteers, trainees, and all others doing business with Providence.

Compliance with this agreement is a condition of continued employment or association with PH&S according to the Acceptable Use of Information Systems security policy found in the system policy manual.

The Acceptable Use of Information Systems policy describes the appropriate use of Providence information and technology resources including data, systems, networks and devices including but not limited to desktop computers, laptops, PDAs, fax machines and copiers and is intended to promote and protect the confidentiality, integrity, and availability of PH&S information and technology.

I am aware and agree, unless further described herein:

- Internet usage, communications and transactions are not private. All computer activity is recorded and can be traced to a specific user ID.
- Information and technology associated with or belonging to PH&S must be protected by taking appropriate measures such as keeping passwords private, encrypting all computers and devices, and locking all portable devices. Additional information and online training on how to protect information and technology is provided by Providence.
- Information and technology is for business use and must not be used for purposes which may interfere or are in conflict with the PH&S mission and/or policies. Any use of PH&S information or technology for a purpose not specifically authorized by PH&S is prohibited.
- PH&S reserves the right to limit or restrict the use of information or technology to meet the business and service obligations of the organization.

Although information and technology resources are for business use, limited personal use may be permitted with the following restrictions:

- Usage must be reasonable, lawful and ethical and cannot be offensive or disrespectful to co-workers or others in the work or patient care environment.
- Usage must not interfere or be in conflict with PH&S responsibilities or productivity.

IMPORTANT: In addition to termination, non-compliance could result in further action, including civil or criminal prosecution. Violation of these requirements by a third party contracted with PH&S may result in termination of the representative's contractual arrangement with PH&S for default and may further result in such representative being subject to civil or criminal laws, as applicable.

By signing this document, I acknowledge that I have read, understand, and agree to abide by the Providence Health & Services Acceptable Use Agreement. This agreement does not limit my right to use my own general knowledge and experience, whether or not gained while employed by PH&S, or my right to use information which is known to the general public through no fault of my own.

Signature: _____ Date: ___/___/___ Employee ID: _____

Printed Name: _____ Position: _____

Department: _____ Work Location/Facility Site: _____

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ACKNOWLEDGMENT OF COMMITMENT TO THE CODE OF CONDUCT

These standards in the Providence Code of Conduct do not, nor were they intended to, cover every situation you may encounter. They provide only broad guidance that is defined in greater detail by the various policies, standards, procedures and guidelines of Providence, your region and your facility.

Providence is committed to the standards outlined in this Code of Conduct. Your commitment is critical to the success of this Integrity and Compliance Program. Failure to do so is grounds for disciplinary action, up to and including termination, in accordance with your personnel policies and/or collective bargaining agreement if applicable.

As with any policy, compliance with the Providence Code of Conduct is a condition for, but not a guarantee of, continued employment.



I acknowledge that I have received my copy of the Providence Code of Conduct.

I understand that I am responsible for becoming familiar with the information contained in the Code and that this Code does not include all of the specific policies of Providence.

I further understand that any clarification of the contents of this handbook will be provided during compliance education sessions or, upon my request, by my supervisor, the local or regional compliance office or the System Integrity office.

Name (Please Print)	Signature
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Date	Ministry/Facility and Department
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