

# Baptist Hospitals of Southeast Texas

## COMPUTER USE AGREEMENT

Computerized information systems are one of the Hospital's most valuable assets. Our success and the privacy of our patients depend on the protection of this information against theft, destruction, misuse or disclosure to outside interest.

Employees, physicians, consultants and vendors may be responsible for operating computer equipment or accessing software systems as part of their performance or duties for Baptist Hospitals of Southeast Texas. Those persons must understand and follow the information security policies in effect for the Hospital.

Therefore, I agree to the following provisions:

- Not to operate or attempt to operate computer equipment without specific authorization from supervisors.
- To access only computer systems, equipment and functions as required for the performance of my responsibilities. Electronic games of any kind are expressly prohibited.
- To use hospital email and internet services to facilitate Hospital business only.
- Not to demonstrate the operation of computer equipment to anyone without specific authorization.
- Not to install software, add inappropriate information, or alter information without specific authorization from supervisors.
- To maintain assigned passwords that allow access to computer systems and equipment in **strictest** confidence and not disclose a password to anyone, at any time, for any reason.
- To contact my supervisor immediately and request a new password(s) if mine is (are) accidentally revealed.
- Not to record passwords in any manner, as this increases the possibility of accidental disclosure.
- To appropriately log off the computer system before leaving the area so that no one else can access the system with my password.
- Not to disclose any portion of a patient's record except to a recipient designated by the patient or to a recipient authorized by the Hospital who has a need-to-know in employment or other service obligation to the Hospital.
- To report activity that is contrary to the provisions of this agreement to my supervisor of the Information Technology department.

I understand that failure to comply with the above policies will result in formal disciplinary action, up to and including termination from the Hospital in the case of employees and the termination or cancellation of agreements in the case of physicians, consultants, or vendors.

**By signing the Acknowledgement of Employment Packet, I acknowledge that I have reviewed and understand the above listed policies and agree to abide by them. I further understand that I am expected to use these policies for general guidance and to seek additional information from my supervisor or the Human Resources Department if needed.**