

# NON-UTMB PERSONNEL

The University of Texas Medical Branch Information Resources Security Acknowledgement and Non-Disclosure Agreement

Ensuring the security and integrity of the University of Texas Medical Branch at Galveston's information and information resources is the responsibility of all UTMB faculty, students, staff, and others who may use its information resources. The importance of protecting the reliability and accuracy of these information resources cannot be over emphasized. UTMB's academic, business, clinical, and research functions have become increasingly dependent on automation to access, process, store, and transmit information. The success of this university's missions depends on this information. The security and integrity of this information depend on each of us.

UTMB calls on all faculty, students, staff, and others who may use its information resources to fulfill the obligation of protecting these valuable information resources.

1. I understand and agree to abide by the following:
  - a. ANY information concerning ANY person, system, or asset of UTMB that is obtained while performing my duties is of value to this university and may be confidential or sensitive, regardless of medium. I will NOT disclose any information to any individual, unless such release of information is directly related to the performance of my responsibilities.
  - b. ALL passwords to information resources including, but not limited to, mainframe applications, network systems, voice mail, copy machines or long distance telephone use that I receive or devise are confidential and are to be used only by me. I will NOT disclose to any unauthorized person any password(s) I am given or devise and I will NOT write such password(s) or post them where they may be viewed by unauthorized persons. Use of a password not issued specifically to me or to a group of which I am a member is expressly prohibited. I am responsible for all transactions performed as a result of access authorized by use of my password.
  - c. I will NOT attempt to circumvent the computer security system by using or attempting to use any transaction, software, files or resources that I am not authorized to use.
  - d. I will NOT alter or in any way change information except in the performance of the duties of my job.
2. I understand and will comply with all policies, standards, and procedures adopted to safeguard information and associated information resources. Further, I acknowledge that I have received, read and understand the security policies outlined above and in the Information Resources Security Manual.  
<http://www.utmb.edu/infosec/PoliciesStandards/Index.asp>
3. I understand that failure to comply with any of the conditions noted herein may result in my being disciplined or terminated from my position, and/or contract. I further understand that the university retains the right to pursue prosecution when misuse of its information and/or information resources is suspected.
4. To ensure data confidentiality, integrity and authorization, no person, unless specifically authorized in writing by the data owner, shall remove, copy, print, or cut and paste sensitive data from any UTMB information system.

My signature below represents my acknowledgment that I have received, read, and understand the security policies as outlined in the Information Resources Security Manual.

<b>Print Legal Name as on official identification, (i.e., Driver's License, Visa, Personal Identification Card)</b>		
Last Name:	First Name:	MI:
Last 4 Digits of SSN:	Date of Birth:	
<b>SIGNATURE:</b>		Date of Signature:

Send completed/signed form to the TR of the UTMB sponsoring department for their signature.

**TO BE COMPLETED BY TR:**

PRINT	Sponsoring UTMB Department ID:	
	Previous UTMB Access?	If Yes, What was User Name?
	Company Name (if applicable):	
	Job Title/Code:	Contact/Office Phone:
	Start Date:	End Date:
Check one of the following that applies:		
<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> BADGE ONLY		
<input type="checkbox"/> REMOTE VENDOR OR SPECIAL SYSTEM ACCESS <input type="checkbox"/> VISITING STUDENT OR INTERN/RESIDENT (require elevated privileges to a system)		

My signature below represents my acknowledgement that I have reviewed this user's access for appropriateness and that there is a continued need to maintain these access permissions.

TR Last Name:	First Name:	MI:
<b>TR SIGNATURE:</b>		

E-scan to [accmgtoc@utmb.edu](mailto:accmgtoc@utmb.edu) or Fax: 409 747-9061



**Working Together to Work Wonders**  
 IS CMC Technical Operations  
 1-888-898-2401 - UTMB Service Desk  
 281-338-1320 – CMC Help Desk Fax

**CMC/UTMB Agency EMR New User Access Form**

*All fields must be completed. Please Print*

**Title** (Dr., Mr., Mrs., Ms.): \_\_\_\_\_ **Degree Suffix:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Initial:** \_\_\_\_\_

**Social Security #:** (last 4 #s only) **XXX-XX-** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**CMC/UTMB Dept:** Agency Nursing

**Agency Name:** \_\_\_\_\_

**Office Phone #:** \_\_\_\_\_

**Credentials:** \_\_\_\_\_

**License Type:** \_\_\_\_\_

**License#:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Agency Employee Signature:** \_\_\_\_\_

**UTMB Supervisor Name:** Casi Doughty, MA

**UTMB Supervisor Phone #:** 409-201-2048

**UTMB Supervisor Signature:** \_\_\_\_\_

**Facility Access:** (List facility where access is needed – DO NOT USE ABBREVIATIONS)

CTS Training ( \_\_\_\_\_ ); Gurney Training ( \_\_\_\_\_ );

**Completed Request e-scan [cmc.helpdesk@utmb.edu](mailto:cmc.helpdesk@utmb.edu) or fax 281-338-1320**

**CMC HD STAFF USE ONLY:**

Date Processed: \_\_\_\_\_ Date User Notified: \_\_\_\_\_ Users-M ID: \_\_\_\_\_

Mims ID: \_\_\_\_\_ Delete Date: \_\_\_\_\_



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 1-888-898-2401 - UTMB Service Desk  
 281-338-1320 – CMC Help Desk Fax

## ***UTMB Domain Only Access Request Form***

### ***NON- UTMB PERSONNEL***

**NON-UTMB PERSONNEL form must accompany this request.**

*All fields must be completed.*

**PLEASE PRINT**

**Name:** \_\_\_\_\_  
 (First\_MI\_Last)

**Job Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Facility/Unit/Location:** \_\_\_\_\_

**Office Phone #** (w/area code): \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Supervisor Name:** Casi Doughty, MA

**Supervisor Phone #:** 409-201-2048

**Supervisor Signature:** \_\_\_\_\_

***The below access will be granted:***

***X Users-M (domain only) no email***

***Completed Request e-scan [cmc.helpdesk@utmb.edu](mailto:cmc.helpdesk@utmb.edu) or fax 281-338-1320***

**CMC HD STAFF USE ONLY:**

Date Processed: \_\_\_\_\_ Date User Notified: \_\_\_\_\_

Users-M ID: \_\_\_\_\_ Delete Date: \_\_\_\_\_