

AUTOMATED INFORMATION SYSTEMS ACCESS AGREEMENT

As an authorized user of the Department of Veterans Affairs (VA), Automated Information Systems (AIS), I will be given access privileges to data, software, and hardware, to perform the duties of my job. AIS is defined as any computer system utilized by the VA to carry out its mission, to include, but not limited to, Windows, VistA, CPRS, MS-EXCHANGE, BDN, networked computers, remote access computers, FORUM, CHCS, and Austin DPC. As an authorized AIS user of the Department of Veterans Affairs, VAPIHCS Honolulu, I agree, by my initialing in the spaces below, to the following:

____ All computers are, and remain the property of the Department of Veterans Affairs and are **not to be used as my personal workstation**. Access to this workstation may be given to other VA employees at the discretion of the VA.

____ As all workstations are the property of the VA, the contents of the disk drives are subject to examination by the VA as deemed necessary. Files of a highly sensitive nature should be stored on a network server with limited permissions.

____ I understand that I am responsible for reading the facility policies related to my use of automated information systems and to ensure the confidentiality, integrity, and availability of all electronic protected health information.

____ I am prohibited from installing any software onto any VA computer without the written permission of IRM and my supervisor.

____ I will safeguard all security codes given to me, including electronic signature codes, passwords, IDs, access, and/or verify codes. I will always log off of the Windows system as well as VistA, CHCS, IDCU, etc., prior to leaving the area and at the end of the work day.

____ I acknowledge that I am strictly prohibited from disclosing my AIS passwords to anyone, for any reason and from allowing anyone else to use my passwords. I acknowledge that I am prohibited from using anyone else's passwords.

____ I understand that I will be held accountable for all work performed under my passwords.

____ I understand that as an employee, I have obligations to protect any information which the loss, misuse, unauthorized access to, or modifications of could adversely affect the conduct of federal programs.

____ I understand that all data to which I may obtain access is now, and will remain the property of the Department of Veterans Affairs.

____ I may use network workstations for official duties only.

____ I understand that if I am granted access to the VA Intranet, Internet (World Wide Web), or E-Mail, I am to use it for official business purposes and will adhere to facility internet use policy.

____ I understand that use of the Internet is to be done in a manner that is consistent with the Department standards of business conduct and does not interfere with VA's mission or operations and is done as a part of the normal execution of my job responsibilities.

____ I understand that unless and until I am officially released in writing, all conditions and obligations imposed upon me by this agreement will apply.

____ I acknowledge that violations of this agreement will be an ADP Security Violation which will be reported to my supervisor, as well as the Information Security Officer, and that violations of this agreement may result in disciplinary action against me.

____ I have completed and understand the Basic Security Awareness Training provided by the Information Security Officer.

Signature: _____	Date Signed: _____	Print Title: _____
Print Name: _____	Print Service: _____	Phone: _____
Print ADPAC Name: _____		Phone: _____
DPAC Signature: _____		Date Signed: _____

Department of Veterans Affairs
MEMORANDUM

All fields required. Do Not Leave Blanks (use N/A). Print legible or type if possible.

ROTATION PERIOD: _____

Date: _____

From: _____
 Subj: Request for VHA LAN/VistA Access
 To: IRM Service (IRM)

(Rev. 8/2008)

1. First Name::		Middle Initial or NMI:		Last Name:	
<input type="checkbox"/>	New User	<input type="checkbox"/>	Modify	<input type="checkbox"/>	Terminate
2. Job Series/Title:			3. Office Phone:		
4. Employing Agency: VHA			5. Work Site: CFA		
6. DOB:		7. SSN:		8. Sex:	
9. Access Needed:					
<input type="checkbox"/> NT		<input type="checkbox"/> Visit/CPRS (refer to new person templates)			
<input type="checkbox"/> Exchange/Outlook		Primary Template: _____			
<input type="checkbox"/> Internet		Secondary Menu: _____			
		<u>Note:</u> VistA Security Keys must be requested from the appropriate Applications Coordinators.			
		<input type="checkbox"/> CHCS (Include Attachment D, TAMC Form 30)			
Access Request Completed by:					
Printed Name: _____					
Title: ADPAC		Telephone Number: _____			
Signature of ADPAC				Date:	
Verification (to be completed by Service/Division Chief) This information is verified as correct.					
Verified By:				Date :	
FOR IRM USE ONLY					
ISO Review:				Date:	
IRM Processing Completed					
By:				Date:	