



LACDMH IBHIS USER SECURITY AGREEMENT

It is the policy of the County of Los Angeles and the Department of Mental Health (LACDMH) that each County employee, whether permanent, temporary, part-time, contract, or in any other status, is individually responsible for the protection of all confidential applicant and participant information, as well as all County information, data, and information processing resources to which he or she has access by virtue of employment.

As an employee of the County of Los Angeles, you will have access to confidential mental health information about clients contained within IBHIS and the LACDMH Electronic Health Record System. All County employees using IBHIS have an obligation to protect this sensitive information.

As an IBHIS System user, I understand that my responsibilities include, but are not limited to, the following:

1. All information displayed by IBHIS is confidential and shall not be disclosed to any unauthorized person(s) or group(s). If in doubt, I must consult with my immediate supervisor or manager.
2. I must protect the privacy and confidentiality of our clients at all times and Data browsing is strictly prohibited.
3. I am responsible for the secrecy of my password. My password must neither be written down nor told to anyone. If I know or suspect that my password is known by someone other than myself, I must immediately change my password, and notify the Help Desk, my immediate supervisor or manager.
4. I am not permitted to use my password to logon to IBHIS and allow any other person to access the system.
5. I may only use IBHIS System for those specific functions for which I am authorized. Personal, non-County business, and/or unauthorized use of IBHIS System are forbidden. This includes the use of the email component within IBHIS.
6. I understand that it is illegal for me to knowingly access IBHIS and add, delete, alter, damage, destroy, copy or otherwise use the IBHIS System to defraud, deceive, extort, or control data for wrongful personal gain.
7. I understand that my access to confidential information in IBHIS is logged and may be audited at any time.
8. I must dispose of documents or other media that are no longer needed in a LACDMH Chief Information Office Bureau (CIOB) approved method that protects confidentiality as documented in LACDMH Policy 554.01, Device and Media Control Policy.

9. Only data that I believe to be correct may be entered into IBHIS. I am not to enter any data which I know or believe to be incorrect. I must notify my immediately supervisor, and if necessary, my chain of command, if I am ever requested to knowingly enter incorrect data.
10. I must Log-off from IBHIS or lock and secure my workstation when unattended.
11. I am not permitted to copy, export, download, store, save, print or capture screen displays, photograph or video-graph data from the IBHIS System without prior written authorization from LACDMH Departmental Privacy and Security Officers unless the action listed above is an approved part of conducting business as defined by my role.
12. I am not permitted to install, transmit, copy or download any software from or into the IBHIS System without specific written authorization from LACDMH CIOB management.
13. I am not permitted to connect or disconnect any hardware or peripherals to or from the IBHIS System without specific written LACDMH CIOB management authorization.
14. I must immediately report to my direct supervisor or manager any suspected violation of this IBHIS User Security Agreement, and/or any misuse or non-compliance with the IBHIS operating standards and procedures.

I have read and understand this entire IBHIS User Security Agreement and agree to abide by it. I recognize that my failure to fulfill these responsibilities, including the knowledge of anyone else using my password, could result in the abuse of County information resources and data, and that the County may hold me responsible for such abuse.

I further understand that any violation of this agreement may result in disciplinary action up to and including discharge. I also have been informed that failure to comply with Health Insurance Portability and Accountability Act of 1996 (HIPAA) can result in civil and criminal penalties per 42 USC § 1320d-5.

User Name (print)	User Signature	Date
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Managers/Supervisors: As a LACDMH employee performing in a management or supervisory capacity, I am responsible for ensuring that all employees, contractors, volunteers, interns, trainees, or persons whose conduct in the performance of work for LACDMH is under my authority and who are authorized to access Sensitive Information or Confidential Data through the IBHIS System, including the individual named above, have received and signed this IBHIS User Security Agreement. I will maintain the signed copy of this document at the facility.

Manager/Supervisor Name (print)	Manager/Supervisor Signature	Date
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