

**COUNTY OF LOS ANGELES  
AGREEMENT FOR ACCEPTABLE USE  
AND CONFIDENTIALITY OF  
COUNTY INFORMATION ASSETS**

As a County of Los Angeles (County) Workforce Member, and as outlined in Board of Supervisors Policy [6.101](#) "Use of County Information Assets", I understand and agree:

- That I occupy a position of trust, as such I will use County Information Assets in accordance with countywide and Departmental policies, standards, and procedures including, but not limited to, Board of Supervisors Policy [9.015](#) "County Policy of Equity" (CPOE) and Board of Supervisors Policy [9.040](#) "Investigations Of Possible Criminal Activity Within County Government".
- That I am responsible for the security of information and systems to which I have access or to which I may otherwise obtain access even if such access is inadvertent or unintended. I shall maintain the confidentiality of County Information Assets (as defined in Board of Supervisors Policy [6.100](#) – Information Security Policy).
- That County Information Assets must not be used for:
  - Any unlawful purpose;
  - Any purpose detrimental to the County or its interests;
  - Personal financial gain;
  - In any way that undermines or interferes with access to or use of County Information Asset for official County purposes;
  - In any way that hinders productivity, efficiency, customer service, or interferes with other County Workforce Members performance of his/her official job duties.
- That records, files, databases, and systems contain restricted, confidential or internal use information (i.e. non-public information) as well as Public information. I may access, read or handle Non-public information to the extent required to perform my assigned duties. Although I may have access to Non-public information, I agree to not access such information unless it is necessary for the performance of my assigned duties.
- Not to divulge, publish, share, expose or otherwise make known to unauthorized persons, organization or the public any County Non-public Information. I understand that:
  - I may divulge Non-public Information to authorized County staff and managers as necessary to perform my job duties;
  - I may divulge Non-public Information to others only if specifically authorized to do so by federal, state, or local statute, regulation or court order, and with the knowledge of my supervisor or manager;
  - I may not discuss Non-public Information outside of the workplace or outside of my usual work area;
  - To consult my supervisor or manager on any questions I may have concerning whether particular information may be disclosed.
- To report any actual breach of Information Security or a situation that could potentially result in a breach, misuse or crime relating to County Information Assets whether this is on my part or on the part of another person following proper County and Departmental procedures. I understand that I am expected to assist in protecting evidence of crimes relating to Information Assets and will follow the instructions of, and cooperate, with management and any investigative response team.
- I have no expectation of privacy concerning my activities related to the use of, or access to, County Information Assets, including anything I create, store, send, or receive using County Information Assets. My actions may be monitored, logged, stored, made public, and are subject to investigation, audit and review without notice or consent.
- Not possess a County Information Asset without authorization. Although I may be granted authorization to possess and use a County Information Asset for the performance of my duties, I will never be granted any ownership or property rights to County Information Assets. All Information

Assets and Information is the property of the County. I must surrender County Information Assets upon request. Any Information Asset retained without authorization will be considered stolen and prosecuted as such.

- Not intentionally, or through negligence, damage or interfere with the operation of County Information Assets.
- Neither, prevent authorized access, nor enable unauthorized access to County Information Assets.
- To not make computer networks or systems available to others unless I have received specific authorization from the Information Owner.
  - Not share my computer identification codes and other authentication mechanisms (e.g., logon identification (ID), computer access codes, account codes, passwords, ID cards/tokens, biometric logons, and smartcards) with any other person or entity. Nor will I keep or maintain any unsecured record of my password(s) to access County Information Assets, whether on paper, in an electronic file.
  - I am accountable for all activities undertaken through my authentication mechanisms (e.g., logon identification (ID), computer access codes, account codes, passwords, ID cards/tokens, biometric logons, and smartcards).
- Not intentionally introduce any malicious software (e.g., computer virus, spyware, worm, key logger, or malicious code), into any County Information Asset or any non-County Information Systems or networks.
- Not subvert or bypass any security measure or system which has been implemented to control or restrict access to County Information Assets and any restricted work areas and facilities.
  - Disable, modify, or delete computer security software (e.g., antivirus, antispyware, firewall, and/or host intrusion prevention software) on County Information Assets. I shall immediately report any indication that a County Information Asset is compromised by malware following proper County and Departmental procedures.
- Not access, create, or distribute (e.g., via email, Instant Messaging or any other means) any offensive materials (e.g., text or images which are defamatory, sexually explicit, racial, harmful, or insensitive) on County Information Assets, unless authorized to do so as a part of my assigned job duties (e.g., law enforcement). I will report any offensive materials observed or received by me on County Information Assets following proper County and Departmental procedures.
- That the Internet is public and uncensored and contains many sites that may be considered offensive in both text and images. I shall use County Internet services in accordance with countywide and Departmental policies and procedures. I understand that County Internet services may be filtered, however, my use of resources provided on the Internet may expose me to offensive materials. I agree to hold County harmless from and against any and all liability and expense should I be inadvertently exposed to such offensive material.
- That County electronic communications (e.g., email, instant messages, etc.) created, sent, and/or stored using County electronic communications services are the property of the County. I will use proper business etiquette when communicating using County electronic communications services.
- Only use County Information Assets to create, exchange, publish, distribute, or disclose in public forums and social media (e.g., blog postings, bulletin boards, chat rooms, Twitter, Instagram, Facebook, MySpace, and other social media services) any information (e.g., personal information, confidential information, political lobbying, religious promotion, and opinions) in accordance with countywide and Departmental policies, standards, and procedures.
- Not store County Non-public Information on any Internet storage site except in accordance with countywide and Departmental policies, standards, and procedures.
- Not copy or otherwise use any copyrighted or other proprietary County Information Assets (e.g., licensed software, documentation, and data), except as permitted by the applicable license

agreement and approved by County Department management. Nor will I use County Information Assets to infringe on copyrighted material.

- That noncompliance may result in disciplinary action (e.g., suspension, discharge, denial of access, and termination of contracts) as well as both civil and criminal penalties and that County may seek all possible legal redress.

I HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT:

|  |  |
|--|--|
| _____<br>County Workforce Member's Name      | _____<br>County Workforce Member's Signature |
| _____<br>County Workforce Member's ID Number | _____<br>Date                                |
| _____<br>Manager's Name                      | _____<br>Manager's Signature                 |
| _____<br>Manager's Title                     | _____<br>Date                                |



# COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

## HOT SPOT or AIR CARD SIGN-OUT / RETURN AGREEMENT

|                                 |  |          |                          |          |                          |     |                          |     |                          |
|---------------------------------|--|----------|--------------------------|----------|--------------------------|-----|--------------------------|-----|--------------------------|
| DEVICE                          |  |          | TICKET                   |          | DEVICE PHONE #           |     |                          |     |                          |
| IMEI #                          |  | Mac ID # |                          | PASSWORD |                          |     |                          |     |                          |
| DMH SERVICE CATALOG REQUEST NO: |  | Katie    | <input type="checkbox"/> | MHSA     | <input type="checkbox"/> | PEI | <input type="checkbox"/> | CGF | <input type="checkbox"/> |

### Wireless Device Usage Agreement for Hot Spot or Air Card

|    |  |
|----|--|
| 1  | This equipment is to be used for Los Angeles County business only.   |
| 2  | I am financially responsible for <u>replacement costs</u> of equipment and accessories that are lost, stolen, broken, or damaged <u>due to my negligence</u> , which includes but is not limited to leaving devices unattended/unsecured, spilling drinks on them, dropping them in liquid, etc. The current replacement costs range from \$35.00 to \$250.00. |
| 3  | If the device is lost or stolen, I will immediately notify the DMH Helpdesk at (213) 351-1335.   |
| 4  | If this equipment is stolen, I will provide a copy of the Police Report along with a <a href="#">Security Incident Report</a> to the Technology Services Division within one (1) business day.   |
| 5  | I am aware that DMH monitors cellular/data billing and will question mobile devices with NO or MINIMAL usage. I will return the device if found that I do not use or need it.  |
| 6  | I will relinquish this equipment to the Technology Services Division at my manager's request or upon resignation or transfer from this Program / Division within one (1) business day of my transfer.  |
| 7  | Will not leave equipment unattended & Will not share my password; If I am authorizing a user to use my device in I take responsibility for setting up this access.   |
| 8  | I have read the Board of Supervisor's Policy No.6.101, Use of County Information Technology Resources.   |
| 9  | I have read the Department of Mental Health's Policy No. 302.14, Network Information Systems Usage.  |
| 10 | I have read and signed the County of Los Angeles Agreement for Acceptable Use and Confidentiality of County's Information Technology Assets, Computers, Networks, Systems and Data.  |

Accessories: Power Adaptor ☐

|    |  |           |  |
|----|--|-----------|--|
| To |  | Issued By |  |
|----|--|-----------|--|

**As a LAC-DMH employee, I certify that the agreement and policies listed above have been reviewed with me as of the date indicated below.**

|           |  |                 |  |      |  |
|-----------|--|-----------------|--|------|--|
| Signature |  | Employee Number |  | Date |  |
|-----------|--|-----------------|--|------|--|

|              |  |  |  |
|--------------|--|--|--|
| Work Address |  |  |  |
|--------------|--|--|--|

|            |  |           |  |         |  |
|------------|--|-----------|--|---------|--|
| Work Phone |  | Work Cell |  | Other # |  |
|------------|--|-----------|--|---------|--|

### Device and Accessories Returned to CIOB

|        |  |             |  |                    |  |
|--------|--|-------------|--|--------------------|--|
| Device |  | Returned By |  | Employee Signature |  |
|--------|--|-------------|--|--------------------|--|

Received By CIOB Administration

|               |  |                    |  |      |  |
|---------------|--|--------------------|--|------|--|
| Employee Name |  | Employee Signature |  | Date |  |
|---------------|--|--------------------|--|------|--|

## Authorization to Place Personal and/or Confidential Information on a Portable Computing Device

**Department Name    Mental Health**

This Authorization to place (download or input) personal and/or confidential information on a portable computing device (portable computer, portable device, or portable storage media) must be completed for each initial placement (download or input) of the information to each device and be signed by the user of the portable computing device and designated department management in accordance with Board of Supervisors Policy 6.110 - Protection of Information on Portable Computing Devices and Board of Supervisors Policy 3.040 - General Records Retention and Protection of Records Containing Personal and Confidential Information (Note - Policy 3.040 is applicable only for the purpose of providing the definitions of "personal information" and "confidential information", as referenced in Policy 6.110). However, if the personal and/or confidential information is downloaded from a particular application system to a particular portable computing device, then this Authorization must be completed only for the initial placement (download) of the information on such device, regardless of how often the information is downloaded to such device.

For each initial placement of personal and/or confidential information on each portable computing device, the following steps are required:

1. Provide a description of the portable computing device as indicated below
2. Specify the information to be placed on such device and related information as indicated below
3. Establish an exact copy of the information, preferably on a department computer, to allow for 100% accurate re-creation and audit of the information
4. Encrypt the information during the entire time that it resides on the portable computing device
5. Maintain physical security over the portable computing device during the entire time that the information resides on the device (e.g., the user must maintain physical possession of the device or keep the device secure when unattended)
6. User signature
7. Department management signature

### Portable Computing Device Description:

|  |               |  |
|--|---------------|--|
| Device Type:                           | DELL LATITUDE |  |
| Device Serial Number:                  |               |  |
| Property Number(Tag#)                  |               |  |
| Name of encryption software installed: | WIN MAGIC     |  |
| Operating System:                      | Window 7.0    |  |

Information Being Placed on the Portable Computing Device:

Purpose of Placement:

Application system name (if applicable):

Personal and / or confidential information fields:

|  |
|--|
|  |
|--|

User Agreement and Acknowledgment:

I have read and agree to fully comply with Board of Supervisors Policy 6.110- Protection of Information on Portable Computing Devices and Board of Supervisors Policy 3.040 - General Records Retention and Protection of Records Containing Personal and Confidential Information (note - Policy 3.040 is applicable only for the purpose of providing the definitions of "personal information" and "confidential information", as referenced in Policy 6.110). I agree to fully comply with all County requirements and directions concerning the above portable computing and personal and / or confidential information.

|                  |       |
|------------------|-------|
| Name:            | Date: |
| Signature Field: |       |

Department Approval:

Print Name:

Title:

|                  |
|------------------|
| Signature Filed: |
|------------------|