Fluvanna County

Computers and Information Systems User Agreement

(Sign and return this page to the IT Department)

1. I have been authorized access to the County of Fluvanna's computers and information systems, including, but not limited to, Electronic Mail, Network/Internet services. This access is provided through Fluvanna County-owned or leased computers, other information systems and related equipment, and/or networks (Fluvanna County Local Area or Wide-Area Network or other applicable network).

2. I have read, understand, and agree to abide by the Acceptable Use Policy for Computers and Information Systems and the following additional terms and conditions that govern my use of these services:

   a. Access has been granted to me by Fluvanna County, as a privilege, for me to perform authorized duties and responsibilities as an employee or officer of Fluvanna County. I understand that Fluvanna County may revoke this privilege at any time, at Fluvanna County's sole discretion.

   b. I will not use or knowingly permit the use of any access control mechanism (e.g., log-in ID, password, terminal ID, User IDs) for any purpose other than that required to perform authorized duties.

   c. I will not disclose to anyone any access control mechanism, unless authorized to do so, in writing, by Fluvanna County.

   d. I will not use any access control mechanism which has not been expressly assigned to me by Fluvanna County.

   e. I will report any computer hardware or software problems immediately to the Fluvanna County IT Department. I understand that only Fluvanna County authorized personnel may fix any computer problems.

   f. I understand the ethical and legal use of software, recognize that the unauthorized use or copying of software is illegal, and agree to refrain from all illegal and unethical actions involving software.

   g. I agree to abide by all Fluvanna County policies, procedures, standards, guidelines, and other regulations.

   h. I understand that any or all electronic mail messages may be monitored and that such messages are not private.

   i. I understand that downloading any file, including image (i.e., "jpg" or "gif") or audio (i.e., mp3) files, that are not work related is prohibited.

   j. I understand that use of internet radio or streaming audio or video is forbidden with the following exceptions: those needing streaming audio or video for the temporary purpose of taking a class, professional training, teleconferencing, or other temporary function directly associated with their job with the County may have such limited use.

3. If I observe or know of any violations of the terms of this agreement, by others, I accept responsibility for reporting such violations to my immediate supervisor and the Fluvanna County IT Department.

4. By signing this agreement, I certify that I understand the terms and conditions of this agreement and that I accept responsibility for adhering to the agreement. I also acknowledge my understanding that any infractions on my part may result in disciplinary action, including but not limited to termination of my access privileges, or termination from employment consistent with the County's personnel policies.

Employee Name	Employee Signature	Date
Department	Supervisor Signature	Date

Fluvanna County

IT System Confidentiality and Security User Agreement

(Sign and return this page to the IT Department)

IMPORTANT: Please read all sections below before signing. If you have any questions regarding this Agreement, contact the IT Director.

CONFIDENTIALITY:
As part of my affiliation with this organization, I may have access to confidential information including, but not limited to, certain records and/or information systems or data found in such systems. I understand that I have a responsibility to maintain two aspects of security regarding such information: (1) confidentiality and (2) information integrity. I understand that I have an obligation to protect and safeguard from any oral or written disclosure all confidential information, including each and every record and all information systems I may come into contact regardless of the type of media on which it is stored (e.g., paper, fiche, computer system). I agree that I will not release any confidential information from any record or information system to any unauthorized person or permit any person to examine or make copies of any confidential information prepared by me or which comes into my possession.

I understand that an information system unique user number, password, confidential signature and code, which only the user may possess is assigned to each user. It is my responsibility not to reveal my user number, signature code and/or password to anyone else as no one else is permitted to use it for any reason. I understand that I am responsible for any action occurring under my user number and all policies on confidentiality apply equally to data stored in computer and/or paper records.

ELECTRONIC SIGNATURE:
I understand that my unique user name and/or password are equivalent to an electronic or computer-generated signature to authenticate access to information systems where appropriate and that this electronic signature is my full, legal name and includes my title. I also understand I am legally prohibited from releasing any confidential code that generates my electronic signature to anyone for any reason and that no other person will be allowed to "proxy" for me in any manner by using my electronic signature.

ACCESS:
Access, attempted access or release of any information described above to parties without the right and need to know for successful completion of duties will be considered a breach of confidentiality. Further, disclosure of such information to a person with no legitimate professional need for such information will be considered a breach of confidentiality.

I understand that any breach of confidentiality, misuse of my unique user number, password, confidential signature, code or information found in and/or obtained from records or information systems of any media type, or received verbally, whether intentionally or due to neglect on my part, is grounds for system access rights and for immediate disciplinary action up to and including termination of employment, as applicable, and/or legal action. Unauthorized disclosure may give rise to irreparable injury to the owner of such information, and such injury may be addressed by injunctive and/or monetary relief, and accordingly the owner of such information may seek legal remedies against me.

I have read, understand and agree to comply at all times with the policies regarding confidentiality, security, electronic or computer-generated signatures and the terms of this agreement. I further understand the consequences of violation. My signature implies acknowledgment of the principles herein.

Printed Name	**Signature**	**Date**