

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