



Loma Linda University Medical Center Information Security

VPN Token Sign Out Form for Physicians

Confidentiality Warranty

I understand and agree that I am being issued a computer security code password. I hereby accept full responsibility of the use of this password and agree to adhere to, in accordance with, but not limited to, the requirements of LLUMC Policy A-34, "Computer Systems Security". In addition, I understand and agree to adhere to, in accordance with, but not limited to, the requirement of LLUMC Policy A-43, "Use of Computer Internet Services." Furthermore, I agree that I will not share this password with any other individual, nor will I use any other individual's password. In addition, I understand and agree that I assume full responsibility for all transactions and information available through the use of this password. I also agree to immediately notify the IT Help Desk at ext. 48889 if I learn that any other person obtained information which may provide them the opportunity to use my password. Furthermore, in accordance with, but not limited to, the requirements of LLUMC Policies A-10, "Classification and Protection of Information" and I-25 "Personnel Records", I understand and agree that I will have access to confidential information pertaining to patients, employees and business data which is the property of LLUMC. I also agree to be responsible for maintaining the confidentiality of such information. Finally, I understand and agree that any breach of confidentiality as stated herein and/or in accordance with LLUMC Policy or applicable law shall be grounds for disciplinary action, which may include immediate termination.

I, [redacted], acknowledge that I have received the VPN token with the serial number _____. If this token is damaged through negligence on my part and not accepted for warranty replacement by VPN, I may be held responsible for the replacement cost. The current replacement cost as of February 2005 is \$75.00. I understand that there is \$50.00 per year service charge to my department. The cost center for this charge is [redacted]. This charge is initially made when this token is received. Subsequent charges will be made in January of each year. This charge is not pro-rated for a partial year.



I have read and understand the LLUMC Administrative Policy A-52 Remote Access Computer Services.

By signing below, I acknowledge and agree to the above listed items.

User Signature [redacted] Print Name [redacted] Date: [redacted]
Authorized by: _____ Print Name _____ Date: _____
Department _____ Ext. _____

