

Electronic Authentication Security Agreement Statement

MankatoLocation: Mankato Fairmont New Prague Springfield St. James WasecaEmployee/Student Information (*Printed*) _____*(Last Name)**(First Name)**(MI)*_____
*(Birth Date)**(LAN ID)*

University/College Students (*Students*) and University/College Faculty (*Faculty*) with authorized access to electronic clinical applications who need to authenticate documents electronically will be issued a User ID and will select a password that uniquely identifies them. This protects the database and maintains the privacy of patient information. The selected password should be kept confidential and should not be compromised for any reason.

Employees/students are accountable for any transactions associated with their password and User ID. If at any time a student or Faculty have reason to believe that the confidentiality of his/her password or confidential information has been compromised. Mayo Clinic Health System's Data Security Officer should be notified immediately so that the appropriate action can be taken.

I therefore, understand and agree:

1. My User ID/password is equivalent to my legal signature.
2. To protect the security and integrity of Mayo Clinic Health System's electronic data, I agree to comply with approved data security policies and standards found at <http://mayoweb.mayo.edu/infosecurity/policies.html>
3. Not to attempt to access information by using a User ID/password other than my own.
4. That failure to do any of the above may constitute a violation of the Data Security Policies and Standards and may result in disciplinary action by Mayo Clinic Health System, as well as external regulatory bodies.

Signature _____

Date _____

Form to be retained by University/College within students file.