

St. Clair County Community Mental Health
Computer/Information Systems Consent

I have read, understand and agree to abide by the conditions and rules stated in the St. Clair County Community Mental Health Authority Computer Information Systems Security Administrative Procedures # 08-001-0010. In particular, the employer reserves the right to monitor all aspects of computer use and telecommunication (e.g. email). I further understand that any violations of the conditions and rules are a violation of the Agency Administrative Procedures and may constitute criminal offense(s). Any illegal misuse of the St. Clair County Community Mental Health Authority's information system may yield prosecution to individuals involved. Should I commit any violation, my computer access privileges may be revoked, disciplinary action(s) may be taken and/or appropriate legal action(s) initiated.

I understand that all computer and communications systems and messages sent over the internal and external communications systems are the property of St. Clair County Community Mental Health Authority. I have no expectation of privacy associated with these systems.

I accept personal responsibility for the observance of all security controls applicable to any information or information systems to which I have been given access and all limitations of the use of information described in the Agency Administrative Procedures.

Signature: _____ Date: _____

Print Name: _____

Witness Signature: _____ Date: _____

Print Name: _____

Original: Personnel File