

NHATS-CMS Linked Files Acceptable Use Policy

Please read and initial below.

- _____ I understand that I have the primary responsibility to safeguard the information I have access to in the LINKAGE enclave from unauthorized use or disclosure.
- _____ Access to NHATS-CMS Linked Files in the LINKAGE enclave is for authorized purposes only. Access to this resource is a revocable privilege.
- _____ I will only use equipment approved by NHATS and detailed in my data security plan to access the LINKAGE enclave.
- _____ I will only access the LINKAGE enclave from the location(s) approved by the NHATS and detailed in my data security plan.
- _____ I will position my computer screen or install a privacy screen to prevent unauthorized users from viewing data in the LINKAGE enclave. I will lock my computer if I step away from it.
- _____ I will not print, transcribe, or reproduce data in the LINKAGE enclave outside of the enclave.
- _____ I understand that sharing personal accounts and authenticators (passwords and/or token values) or permitting the use of remote access capabilities to any unauthorized individual is strictly prohibited.
- _____ I understand that taking screenshots, pictures, screen-sharing, transcribing, or otherwise duplicating images of any LINKAGE enclave systems or their interfaces is strictly prohibited.
- _____ I understand that taking screenshots, pictures, screen-sharing, transcribing, or otherwise duplicating data or information, whether original or derived, and the results of data analysis, is strictly prohibited.
- _____ I understand that all information accessible in the enclave must be vetted by NHATS staff prior to being released or published outside of the enclave.
- _____ I understand that if I have previously violated the NHATS-CMS Linked Files Acceptable Use Policy, even if unintentional, it is my responsibility to notify NHATS staff within 24 hours of submission of this google form.
- _____ I understand that if I violate the NHATS-CMS Linked Files Acceptable Use Policy in the future, even if unintentional, it is my responsibility to notify NHATS staff within 24 hours of recognizing the violation.

_____ I understand that NHATS staff have a protocol to follow when the NHATS-CMS Linked Files Acceptable Use Policy has been violated that may result in my temporary or permanent loss of access to NHATS restricted data.

_____ I understand that NHATS staff are available to consult regarding any vetting requests and NHATS staff act as representatives of the NHATS Primary Investigators regarding restricted data use. I also understand that I can email nhats-cms-data@umich.edu to ask any questions regarding restricted data access and use.

By signing this user agreement, I am acknowledging that I accept and will abide by all the terms and conditions described above.

Signature _____ Date _____

Printed Name _____