

EMERGENCY REMOTE ACCESS SECURITY AGREEMENT

Michigan Department of Health and Human Services

Created 3/11/2020

SECTION I – EMPLOYEE/CONTRACTOR INFORMATION

1. Last Name	First Name	2. Job Title / Position
3. Division		4. Employee ID Number / Contract Organization
5. Employee E-mail Address		
6. Job Duties / Responsibilities (<i>Summarize Job Duties / Responsibilities</i>)		
7. Is this role essential and why		
8. Telecommuting Worksite	b. Area Code and Telephone Number	
a. Street Address		
c. City	d. State	e. Zip Code

SECTION II – SECURITY AGREEMENT

Due to the COVID-19 outbreak, a State of Emergency has been declared. Michigan Department of Health and Human Services staff (as well as those contracted by the department), that are able to telecommute, have been given the authority to do so.

As a Michigan Department of Health and Human Services employee/contractor, who is going to telecommute, I accept and agree to:

Employee Initials	Terms of Use
	I will comply with the State of Michigan Computer Crime Law and to use State of Michigan's systems to perform my job function to the exclusion of all other users and persons. (Public Act 53 of 1979)
	I will not copy or infringe upon the rights granted to the owner of a product with a Copyright or Patent.
	I will comply with Michigan Civil Service Commission Rules governing Conflict of Interest.
	I will only use DTMB issued devices.

	I will not use any personal devices to conduct State of Michigan business. All devices that are used for State of Michigan business are subject to FOIA. Any personal device used may be subject to discovery in a criminal matter or be made available for an audit or investigation.
	I will take no other DTMB issued equipment with me, other than my laptop and State issued cell phone (if applicable), unless a technical exception has been granted by DTMB.
	I will keep confidential all computers and network system access codes issued to me.
	I will exercise due diligence and care in the use and maintenance of the equipment, software and/or service(s).
	I understand that misuse of the State-owned/acquired equipment, software and/or service(s) may result in disciplinary action being taken against me.
	I will obtain written permission from appropriate authority before distributing non-public State of Michigan Information.
	I will report to the appropriate supervisor or Office of Cybersecurity and Infrastructure Protection (CIP) immediately any suspected threat or violation of State of Michigan system security.
	I will comply with State of Michigan 1340.00 Information Technology Information Security Policy and the 1340.00.130.02 Acceptable Use of Information Technology Standard.
	I will not leave my workstation unattended without either logging off or invoking a hotkey password supported screensaver.
	Should I leave my device unattended, I will ensure it is in a physically secure location and shut down.
	When applicable, I will comply with HIPAA Confidentiality requirements. To ensure that privacy rights of enrollees are respected, you are required to use any protected health information you access only for ensuring proper plan operation and administration.
	I verify that my remote workstation is not visibly accessible by any nearby persons.
	I will keep my remote workstation clean of all SOM documents, that could be deemed confidential and/or sensitive.
	I will be accessible via skype, teams, email, or phone during working hours.
	I will not locally print any documents unless necessary per my job duties as stated above.
Acknowledgement	
I understand that this agreement is temporarily in place due to an emergency and that once the situation is rectified, I will return to my normal work location. This will be communicated to me by my supervisor.	
<hr/> Employee Signature Date	

SECTION III – SUPERVISOR APPROVAL

Please provide your supervisor’s name, contact information, and either a signature OR e-mail approval. If approved by e-mail, please provide date of approval and a copy of the e-mail.

Supervisor Name	Phone Number
E-Mail Approval Date	
<hr/> Supervisor Signature Date	