

PENINSULA REGIONAL MEDICAL CENTER

INFORMATION TECHNOLOGY ACCEPTABLE USE POLICY

ACKNOWLEDGMENT AND CONSENT FORM

I acknowledge that I have received and read the *Peninsula Regional Medical Center Information Technology Acceptable Use Policy* dated September, 2018 (the "Policy"), and I agree that I will read any and all future updates thereto. I understand that every employee, physician, nurse, medical professional, and consultant of Peninsula Regional Medical Center ("PRMC"), and anyone else having access to PRMC's information systems or network is required to comply with the Policy and its updates. I hereby consent to, and agree to be bound by, the terms and conditions of the Policy, and I agree to abide by the Policy and the terms of any and all future updates to the Policy.

If, from time to time, I have a concern, knowledge, or information about a possible violation of the Policy, I agree to promptly report the concern to PRMC's Department of Information Systems.

Please Print

✓ **Name:** _____

✓ **Signature:** _____

✓ **Date:** _____

✓ **Date of Birth:** _____

Job Title: Student

PRMC Department, Affiliated
Physician's Office or Company
Name _____

Badge No.: _____

Please promptly remit this form to is.access@peninsula.org or via fax to 410-543-7179 for inclusion in your computer access files.