



17100 Euclid Street, Fountain Valley, CA 92708  
 www.ucihealth.org

**Security form for Contract Personnel**

**\*\*All areas need to be completed\*\***

<b>*First Name</b>	
<b>*Middle Name</b>	
<b>*Last Name</b>	
<b>*Full SSN</b>	
<b>*Birthdate</b>	
<b>*Title</b>	
<b>*Facility</b>	<b>UCI Health- Fountain Valley</b>
<b>*Department</b>	
<b>*Phone</b>	
<b>*Personal email address</b>	
<b>*UCI Health Sponsor</b>	
<b>*Reason for access</b>	
<b>*If Patient information is to be accessed, is there a Confidentiality Agreement and/or Contract in place with UCI Health-Fountain Valley?</b>	<b>Please check with the hospital Compliance Officer to ensure that a BA agreement is required, and if so, that there is one in place. Please ask the Compliance Officer to sign and date below once access is approved and forward to Information Systems when done.</b>

**Security Statement**

Computer access privileges are granted to UCI Health contract employees at the lowest possible level pursuant to the efficient performance of the employee's duties and must be used only for UCI's authorized business. Computer access devices, such as user identity codes and passwords, remain the property of UCI and are not to be divulged to any other person unless approved by Systems Security. Unauthorized access to, use and possession of, removal of, and/or damage to company records is a breach of the UCI corporate policy and may result in disciplinary and /or legal action.

I agree to keep my access code confidential and to guard the confidentiality of all system information. As a UCI contract employee, I share responsibility for the protection of UCI's information assets and will be held accountable for maintaining their integrity, confidentiality and availability.

Violation of this policy will be grounds for disciplinary action, up to and including termination. UCI Health reserves the right to pursue legal prosecution under local, state and federal statutes.

I have read and understood the content of the above Security Statement and agree to accept and abide by the policies stated herein.

Initial here ->

Contract Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_