**Maryland Department of Health and Mental Hygiene**

D R A F T

**Information Technology Security Policy,**

**Standards & Requirements**

COMBINED OIT POLICY ACKNOWLEDGMENT FORM

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| **This document is a combined policy acknowledgment form for DHMH computer-related policies. Following consultation with your supervisor, please read and initial the appropriate acknowledgment sections, then sign the signature block below.** | | | |
| **Acknowledgement Section- Initials** | | **Policy Number-Statement** |  |
| Employee | Supervisor | **02.01.01 DHMH Information Technology Security Policy**  Policy, Standards and Requirements for the protection of Information Technology. I hereby acknowledge awareness of DHMH Policy 02.01.01, and that my use of these systems constitutes my consent to comply with this directive. | |
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|  |  | **02.01.02-Software Copyright Policy & the State of Maryland Software Code Of Ethics-**  Unauthorized duplication of copyrighted computer software violates the law and is contrary to the State's  standards of conduct. The State disapproves of such copying and recognizes the following principles as  a basis for preventing its occurrence.  **1. The State will not permit the making or using of unauthorized software copies under**  **any circumstances.**  **2. The State will provide legally acquired software to meet its legitimate software**  **needs in a timely fashion and in sufficient quantities to satisfy those needs.**  **3. The State will enforce internal controls to prevent the making or using of**  **unauthorized software copies, including measures to verify compliance with these**  **standards and appropriate disciplinary actions for violations of these standards.**  I understand that making or using unauthorized software will subject me to appropriate disciplinary  action. I understand further that making copies of, or using unauthorized software may also subject me  to civil and criminal penalties. **My signature below indicates that I have read and understand Policy**  **02.01.02- Software Copyright Policy and the State of Maryland Software Code of Ethics**. | |
|  |  | **02.01.06-Policy to Assure Confidentiality, Integrity and Availability of DHMH Information (IAP)**  I acknowledge that I am required to comply with the general applicable sections of this policy as it  relates to my current job duties. I further acknowledge that should I breach this policy, I am subject to  disciplinary, civil, and criminal consequences.  **02.01.06-IAP–*“Specific Personnel” Acknowledgement [ ] Check here if this applies.***  If I am currently designated, or at any time my job duties require me to be designated as a  Custodian, Data Steward, Designated Responsible Party, Database Administrator, and/or Network  (System) Administrator, I acknowledge that I am required to comply with the corresponding  responsibilities assigned to ***specific personnel***. Likewise, if I am currently required, or if at any time my duties include the requirement for preparation or monitoring of contracts or memoranda of understanding, I acknowledge that I am required to comply with the ***specific personnel*** provisions of the Information Assurance Policy and guidance. | |

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| Employee/User Signature Block- I hereby acknowledge that I have reviewed and understand the above-initialed policies. | | |
| Employee/User Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Employee/User Identification (Please Print) | NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PIN # or CONTRACT#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | AGENCY/COUNTY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADMINISTRATION/UNIT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOCATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Supervisor’s Verification | Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_ | °Supervisor verifies that the employee/user has acknowledged and initialed the appropriate policies for his/her position. |
| **DHMH 4518 (REV Nov 2010)** This form will be retained in the employee’s DHMH personnel file. | | |

All pertinent policies can be accessed and read at <http://www.dhmh.maryland.gov/SitePages/op02.aspx>

and State IT Security policy <http://doit.maryland.gov/Publications/DoITSecurityPolicy.pdf>