

**Acceptable Use Policy and Agreement
For Access to Information Systems Owned or Maintained by the
Department for Aging and Rehabilitative Services (DARS)**

This Acceptable Use Policy and Agreement (Agreement) is required for individuals not employed by the DARS.

The User ID and Password assigned provides access to an Information System (hereafter referred to as System) operated through the DARS. The level of access granted to a user is based on the work the user will be performing in the System supported by the user's individual position description. As a user of a System operated through the DARS, I understand, acknowledge, and agree to the following:

Acceptable Use Policy

I understand that any use of a System operated through the DARS is limited to business purposes only, and I agree to abide by all applicable Commonwealth of Virginia Policies, Standards, and Guidelines.

To better understand these requirements, I have taken the DARS basic Security Awareness Training PowerPoint, posted at <http://www.vda.virginia.gov/infosystemaccess.asp>.

When using a System operated through the DARS, I agree to the following:

- Complete the DARS Security Awareness Training and future **annual** trainings;
- Follow the requirements presented in the DARS trainings;
- Maintain security over my password;
- Logoff all System(s) operated through the DARS when leaving the area;
- Keep sensitive data confidential; and
- Notify my supervisor immediately if improper use of the System is noticed or suspected.

Acknowledgements

I acknowledge that the information contained in the DARS System constitutes proprietary and confidential information and agree not to disclose any such information inappropriately. If I observe any incidents of non-compliance with the terms of this agreement by any other user, I agree to report it immediately to my supervisor.

I understand that any message, file, image or data created, sent, retrieved, received or posted in a System operated through DARS may be accessed to ensure integrity and/or security.

I acknowledge that any infraction of this Agreement may result in termination of access to the System, possible disciplinary action by my organization, and/or legal action against my organization.

Organization Name _____

User Name _____ User Signature _____ Date _____

I certify that (i) a background investigation has been performed on the User, and (ii) the User has taken the DARS basic Security Awareness Training.

Supervisor Name _____ Supervisor Signature _____ Date _____