



I UNDERSTAND MY RESPONSIBILITIES AS A KDADS EMPLOYEE IN SAFEGUARDING THE CONFIDENTIALITY OF PROTECTED INFORMATION, AND IN PRESERVING THE SECURITY OF MY WORKPLACE AND THE INFORMATION SYSTEMS TO WHICH I AM GRANTED ACCESS. “PROTECTED INFORMATION” INCLUDES, BUT IS NOT LIMITED TO, ANY PERSON’S INDIVIDUALLY-IDENTIFIABLE HEALTH INFORMATION IN ANY FORM, INCLUDING ORAL, WRITTEN AND ELECTRONIC.

As a condition of (a) being granted access to State of Kansas information systems, indicated by assignment of login credentials (user name, password, digital signature certificate, and/or a security token device), and/or (b) being granted authorization to access any form of protected information, I agree to observe these terms and requirements:

- I have read and understand the Information Security portion of the KDADS Internal Policy Manual. I will, to the best of my ability, comply with the Agency’s policies, procedures and standards for information privacy and security.
- I will, to the best of my ability, keep informed of these policies, procedures and standards as they change over time.
- If any Information Security directives or practices are unclear to me, I will seek explanation from my supervisor, designated trainers, and/or the Information Services Help Desk.
- I understand that access to State of Kansas information systems is a privilege which may be changed or revoked at any time, depending on needs of the State and my own compliance with required security practices.
- My access to State of Kansas information systems will be terminated upon the end of my State employment, or upon termination of the business contract under terms of which my access was granted. I further understand that continued permission to use information systems relevant to my job may be a condition of employment.
- My personal password and digital signature certificate, if assigned, are equivalent to my legal signature. I will not disclose my individual password(s) to anyone, or knowingly allow anyone access to a state information system using my personal password(s). I will take precautions to prevent my password(s) from being discovered by anyone else. I will periodically change my password(s) according to standards and procedures established by the Department.
- I will not attempt to discover or use another person’s login credentials, as defined above, to access any State of Kansas information system. I am responsible and accountable for all information entered in a system, changes to information, and/or retrievals of information performed with my assigned user name and associated password(s), whether by my own action, or by another as a consequence of my intentional or negligent act or omission.



- If I suspect that the confidentiality of my password(s) may have been compromised, I will immediately notify the Information Services Help Desk, notify my supervisor, and change the suspect password(s).