COMBINED IRMA POLICY ACKNOWLEDGMENT FORM

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

Employee Initials	Supervisor Initials °	Policy Number-Statement
		02.01.01 Policy on the Use of DHMH Electronic Information Systems (EIS) 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.
		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*** 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 IAP and guidance.

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 2001) This form will be retained in the employee's DHMH personnel file.