



Employee Security Commitment

I understand that as part of my employment responsibilities at CarePlus New Jersey, Inc. I am accountable to protect the electronically stored client Protected Health Information as well as agency Confidential Information as defined in the manual.

As part of that responsibility I understand Security Incidents are reportable to the appropriate supervisor and to the Security Officer. Anyone who violates CarePlus New Jersey security measures may be subject to progressive discipline up to and including dismissal, termination of business contract, and reporting the violation to licensing and law enforcement officials.

I understand that I am not permitted to share my unique CarePlus logon ID with anyone, that I am expected to log off the system when leaving at the end of the day and to log off the system or to lock the work station when leaving the workstation unattended.

I also understand electronic equipment has been purchased by the agency and is to be used only for agency purposes. Electronic media cannot be used for storing, transmitting, retrieving or communicating any material that is discriminatory, harassing, obscene or x-rated; or for chain-letters or any other illegal activity.

Electronic communications are not generally monitored by the agency, but the agency reserves its rights to do so. Electronic communications cannot be considered private or confidential.

As an employee of CarePlus, I understand I must adhere to the copy right laws.

By signing this form, I, hereby acknowledge that I have received and agree to read the Information Management Manual which outlines the CarePlus New Jersey Electronic Policies and Procedures.

I further agree to comply fully with the standards contained in the Information Management Manual, as well as Chapter 10 of the CarePlus New Jersey Information Management Policies and Procedures. I understand that compliance with these standards, policies and procedures is a condition of my continued employment or association with CarePlus New Jersey.

I also understand that CarePlus New Jersey reserves the right to occasionally amend, modify, and update its policies and procedures.

I further understand that this acknowledgement sheet will be placed in my personnel file. I may obtain a copy through the Human Resource Department.

Print Name: _____

Signature: _____ Date: _____