



## CERTIFICATE OF UNDERSTANDING

I, (please print) \_\_\_\_\_ do hereby agree to abide by all rules, policies, and procedures of HFS/DHS regarding information technology activities.

**Specifically**, I have reviewed and agree to:

1. Comply with the HFS/DHS Computer Security and Internet Policy.
2. Use PACIS and/or IES computer software for business purposes only.
3. Restrict PACIS/IES inquiries to only those clients directly related to business processes.
4. Accept that Internet sites accessed, e-mail and e-mail attachments with the State of Illinois are considered Department business records subject to federal and state freedom of information laws, state and federal confidentiality rules and laws, and official State of Illinois record retention rules.
5. Acknowledge that HFS/DHS may monitor my PACIS/IES usage; therefore, I do not expect privacy in my State of Illinois e-mail communications or any State of Illinois Internet materials/areas accessed.
6. Accept that any violation of the HFS/DHS Computer Security and Internet Policy may result in disciplinary action including, but not limited to, loss of access to the states Information systems as well as federal penalties outlined in the HIPAA Enforcement Rule, 45 CFR Part 160, Subparts C, D, and E which include monetary penalties and imprisonment.
7. Have completed the Computer Security Presentation, which is accessed on the \_\_\_\_\_ Computer Security link.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Supervisor Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency or Department

\_\_\_\_\_  
Work Phone

**\*\*This attestation must be kept on file for every employee accessing IES and shown upon request.**