

LONG DISTANCE CODE USAGE AGREEMENT

Application for Forced Account Code (FAC)

FORMS THAT CANNOT BE READ or ARE NOT COMPLETE - WILL NOT BE PROCESSED

Name: _____
(LAST) (FIRST) (MI)

TVHS campus: Murfreesboro or Nashville

Resident Service/Specialty: _____ Job Title: RESIDENT

VA Residency/Fellow Rotation Date: Effective July 1, 2013

Projected date for completion of Residency/Fellowship: _____

As an authorized user of VHA Telecommunications Systems, I will be given sufficient access to perform my assigned duties. I will use this access ONLY for its intended purpose and understand the following policies that apply to VA Information systems:

1. I agree to safeguard PIN code assigned to me and am strictly prohibited from disclosing this code to anyone including family, friends, fellow workers, supervisor(s), and subordinates for ANY reason.
2. I am aware of the regulations and facility security policies designed to ensure the confidentiality of all sensitive information. I am aware that information about patients or employees is confidential and protected from unauthorized disclosure by law. Improper disclosure of information to anyone not authorized to receive it may result in a fine from \$5,000 - \$20,000 under the Privacy Act of 1974, 38 U.S.C., Sections 3301 (Confidential Nature of Claims) and 4132 (Confidentiality of Certain Medical Records). I understand that my obligation to protect VA information does not end with either the termination of my access to this facility's systems or with the termination of my government employment.
3. I understand that just because my PIN code will allow me to make long distance calls, this, in itself, is no authorization to make them.
4. I will exercise common sense and good judgment in the use of the telecommunications system. I understand that the telecommunications system is not inherently confidential and I have no expectation of privacy in using it. I understand that technical or administrative problems may create situations which may result in the loss of my access. I also understand that facility management officials may authorize termination of access whenever there is a legitimate purpose for such termination.
5. I understand I am responsible for using my access appropriately for authorized purposes.
6. I understand that a violation of this notice constitutes disregard of a local and/or VHA policy and will result in appropriate disciplinary action as defined in VA employee conduct Regulations (VAR 820(b)) as well as suspension/termination of access privileges.

Signature of Resident

Date

VA Service Chief's Authorization/Signature

Date