

**COMPUTER PATIENT RECORD SYSTEM (CPRS) READ ONLY  
RULES OF BEHAVIOR FOR  
VETERANS SERVICE ORGANIZATION (VSO)**

NAME		TITLE	ORGANIZATION	
PHONE NUMBER	SOCIAL SECURITY NUMBER	E-MAIL	DATE OF BIRTH	

The following security policies and rules of behavior apply to accredited representatives of VSOs who have requested access to CPRS Read Only. Because written guidance cannot cover every contingency, personnel are asked to go beyond the stated rules, using their best judgment and highest ethical standards to guide their actions. Personnel must understand that these rules are based on Federal laws and regulations, as well as Department of Veterans Affairs (VA) and Veterans Health Administration (VHA) Directives. As such, there are consequences for noncompliance with these rules. Depending on the severity of the the violation, and as authorized in Title 38 Code of Federal Regulations (CFR) §14.633, consequences can include: suspension of access privileges, termination of accreditation, and criminal and civil penalties.

As an authorized user of CPRS Read Only having access to individually-identifiable health information, I understand that I will be given sufficient access to perform my assigned duties for this project. I will use this access **only** for its intended purpose. I understand that I am personally accountable for my actions.

I agree to notify the Chief, Health Information Management upon expiration of any Power of Attorney (POA) for which I have been granted access to a veteran's individually-identifiable health information through CPRS Read Only.

I agree to protect sensitive information from disclosure to unauthorized individuals or groups. I am aware that information about patients and employees is confidential and protected by law from unauthorized disclosure and I am aware of the regulations and VA security policies designed to ensure the confidentiality of all sensitive information. I agree to acquire and use sensitive information only in accordance with the performance of my official duties, using established security policies and procedures. This includes: properly disposing of sensitive information contained in hard-copy or soft-copy, as appropriate, and ensuring that sensitive information is accurate and relevant to the purpose for which it is collected, provided, and used. I understand that my obligation to protect sensitive information does not end with the termination of my access to CPRS Read Only, nor with the termination of my VSO involvement.

I agree to protect informing security through effective use of security mechanisms assigned to me, and to protect my passwords (*e.g., access and/or verify codes, electronic signature codes, and other security devices*) from disclosure. I understand that I am strictly prohibited from sharing these with my family, friends, fellow workers, superior(s), and subordinates. I understand that I may be held accountable for all entries or changes made to any government automated information system (AIS) using my passwords.

If I am provided access to electronic mail on VHA systems, I will exercise common sense and good judgment in its use. I understand that electronic mail is not inherently confidential and I have no expectation of privacy in using it. I understand that technical or administrative problems may create situations that require viewing of my messages. I also understand that VHA management officials may authorize access to my electronic mail messages whenever there is a legitimate purpose for such access.

I agree to report computer security incidents and vulnerabilities to the VHA Information Security Officer (ISO). I agree to comply with all copyright licenses associated with VHA AIS resources. I agree to comply with the personal use of government equipment in accordance with my site's local policies and procedures. I understand that management has the right, in the course of an official investigation, to monitor, intercept, read, record, and copy all information attributable to my access to this resource.

I understand that all conditions and obligations imposed upon me by these rules apply during the entire time I am granted access to this system, unless and until VHA releases me from these requirements in writing. I understand that a violation of this notice constitutes disregard of Federal law, as well as local and/or VHA policy and will result in appropriate disciplinary action as authorized in 38 CFR §14.633, including potential termination of accreditation and access privileges, as well as criminal and civil penalties.

I have completed the VA Cyber Security Awareness Course and attached a copy of the certificate of completion (*The course is available online at <http://vaww.vairm.vaco.va.gov/infosec/training/SecurityAwareness/index.htm>*)

I affirm with my signature that I have read, understand, and agree to fulfill the provision of these Rules of Behavior.

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Signature and Title

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Date

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Authorizing Official's Signature and Title

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Date

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Expiration Date (*if applicable*)

PLEASE RESUBMIT THIS FORM TO:

*(Enter name and contact info of local ISO)*