

## HMIS Security Acknowledgement

Ref: (a) COMDTINST M5500.13B Information Assurance Program  
 (b) COMDTINST 5375.1B Limited Personal Use Of Government Equipment  
 (c) DHS 4300A Sensitive Systems Handbook

I acknowledge the following:

1. Housing Management Information System (HMIS) is a government resource and its security level has been determined to be MODERATE per Department of Homeland Security (DHS) guidelines. Therefore, all information contained in HMIS shall be classified For Official Use Only (FOUO).
2. The sharing of CGDN+ passwords is STRICTLY PROHIBITED. Violations of this policy may result in administrative or punitive actions in accordance with COMDTINST M5500.13B. The user is responsible for protecting information processed by USCG owned and operated Automated Information Systems, directly or via remote access at all times.
3. User accounts will be locked after 45 days of inactivity and maybe unlocked by submitting an HMIS Trouble Ticket. After an additional 45 days of inactivity, the account will be terminated. Users whose accounts have terminated will be required to submit an explanation as to why re-instatement is necessary to CG-1223, via their housing chain of command. A second termination will require the User to repeat HMIS training before re-instatement.
4. Upon transfer, a user's HMIS access will be revoked. Users will notify their Area Housing Office of the effective date of transfer for account termination.
5. Users should understand that there is no expectation of privacy on our information systems and that Coast Guard systems are subject to monitoring by authorized personnel. If security monitoring reveals evidence of possible improper or criminal activity, such evidence will be provided to appropriate management and/or law enforcement personnel.
6. This policy is established in accordance with references (a), (b) and (c). This agreement does not release the user from any rules as defined by USCG TISCOM (ISD-3a) AIS Acknowledgement form.

Name (Last, First, MI)	Rate/Rank/GS:	Signature:	Date
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### HMIS User Profile Information

Site Name:	Site OPFAC:
Active Directory Sign-on:	User Level:
E-Mail Address:	Phone:
Replaces:	Site Name:

### AHO Training Validation

HMIS Trainer:	Unit:	Phone:
Date Started:	Date Completed	Signature:

### MLC Training Validation

Name	Unit	Date:
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