

**Commonwealth of Virginia  
Department of Health  
Information Security Policy**

As my facility's designated administrator for the VDH-VVESTS (Virginia Vital Event Screening and Tracking System) electronic certificate I agree to adhere to and be governed by the following:

- I will protect confidential and personal information, whether on paper, microfilm, or computer files by following security procedures as assigned by my work area.
- I will load the electronic certificate only on those computers designated by my hospital's administration to be used for the input of birth registration, newborn hearing screening information for the Virginia Early Hearing Detection Intervention and Education Program, and/or birth defect information for the Virginia Congenital Anomalies Reporting and Education System through the VVESTS.
- I realize that as administrator of the Oracle Security Certificate that I will not have login privileges to the VVESTS application.
- I agree not to share or disclose the password(s) used to install the electronic certificate including those that may have access to the system.
- I agree that the password or the certificate should not be shared with anyone outside of the VDH Office of Information Management certificate administrator.
- I will immediately report any knowledge of a violation of this policy to my supervisor and appropriate VDH authorities.
- I will protect information obtained from other agencies (federal, state, local government and other reporting sources) from disclosure to unauthorized parties.

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to same. I further understand my failure to comply with this policy may result in the electronic certificate being revoked for my facility and access to the VVESTS application terminated. I also understand that I may incur civil penalties and/or criminal prosecution as noted in the Virginia Computer Crimes Act of 1987 and applicable state and federal laws.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Facility: \_\_\_\_\_