**ARIES Laptop Agreement**

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| --- | --- |
| **Date:** | / / |
| **Name of Employee:** |  |
| **Employee Email:** |  |
| **Name of Supervisor:** |  |
| **Agency Name:** |  |
| **Administrative Agency Name:** |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that it is my responsibility as a trusted ARIES user to know and comply with all applicable security measures required for protection of the equipment assigned to me and the information to which the equipment provides access to and stores. I am aware that ARIES holds sensitive client information that should not be seen or accessed by any unauthorized individuals. I acknowledge that accessing ARIES from a mobile device such as a laptop creates additional risks; therefore, I must take extra security precautions to protect client privacy and confidentiality at all times.

I understand and agree to adhere to the following requirements *(please initial beside each requirement)*:

\_\_\_\_\_ I will adhere to [DSHS ARIES Security Policy 231.001](https://www.dshs.texas.gov/hivstd/policy/policies/231-001.shtm);

\_\_\_\_\_ I understand that ARIES must not be accessed from unsecured or public networks, networks not administered by an Administrative Agency or HIV service provider agency, or networks that do not meet the requirements outlined in [DSHS ARIES Security Policy 231.001](https://www.dshs.texas.gov/hivstd/policy/policies/231-001.shtm). I will connect to my agency’s VPN or an approved, comparable secured remote connection prior to logging into ARIES if I need to access the database outside the office;

\_\_\_\_\_ I understand that laptops must be password protected, locked and stored in a safe and secure location while not in use;

\_\_\_\_\_ I understand that the laptop must remain in my possession at all times while offsite. When traveling by car is necessary, the laptop must be locked in the trunk of the authorized laptop user’s car or remain within their immediate reach;

\_\_\_\_\_ I understand that ARIES will not be accessed on the laptop in areas that are not physically secured by at least two levels of protection;

\_\_\_\_\_ I understand that computer screens must not be readily observable by non-authorized users at any time. Security screens may be installed on computer monitors to prevent viewing of information on the computer screen by anyone other than authorized user;

\_\_\_\_\_ The laptop used to access ARIES must be reviewed and approved by an IT Administrator at my agency to ensure proper security requirements are met. If an IT Administrator does not exist at my agency, I have confirmed that this laptop has an encrypted hard drive which meets Federal Information Processing Standards (FIPS) for the Advanced Encryption Standard (AES), FIPS-197;

\_\_\_\_\_ I will ensure that security features on the laptop are enabled and all automatic operating systems, application security, and malware protection updates remain up-to-date and activated;

\_\_\_\_\_ I understand that passwords used to log into my computer or access ARIES may not be stored on the device;

\_\_\_\_\_ I understand that passwords and usernames must not be shared with other staff;

\_\_\_\_\_ I agree to not store confidential information on the computer’s hard-drive, unauthorized Personal Identification Number (PIN) drive, or any unauthorized external drives;

\_\_\_\_\_ I agree to notify my supervisor and AA Data Manager when an ARIES certificate will no longer be used on the laptop;

\_\_\_\_\_ I agree to immediately report any breach of confidentiality or privacy and/or mishandling of confidential information to my appropriate local responsible party (LRP), the ARIES Data Manager, and the DSHS Security Officer and will cooperate with all required follow-up protocol, if needed.

By signing below, I acknowledge and accept the responsibilities associated with my use of a laptop for accessing ARIES as stated above and in the ARIES security policy. I understand that breaking any of the rules in this agreement or failing to adhere to [DSHS TB/HIV/STD Section Confidentiality Information Security Policy 2011.01](https://www.dshs.texas.gov/hivstd/policy/policies/2011-01.shtm), [DSHS ARIES Security Policy 231.001](https://www.dshs.texas.gov/hivstd/policy/policies/231-001.shtm), and confidentiality and security policies and procedures implemented by my agency to protect the confidentiality and privacy of patient information may result in adverse personnel action, up to and including the revocation of ARIES access and/or termination of my employment.

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

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