



# Information Security Acceptable Use Agreement

You must complete this agreement if you use HHS information resources.

**Before signing this agreement**, read the [Information Security Acceptable Use Policy](#) in its entirety and make sure that you understand it. If you need help accessing the policy, speak to your supervisor or contract manager.

## Acknowledgement

I have read, understand, and will comply with the requirements in the Information Security Acceptable Use Policy.

Your Signature (required):

Your Name Printed (required):

Your Work Email (required):

Your Work Phone (required):

I am (required: choose one and explain below):

An employee of HHSC (specify department and division):

An employee of DSHS (specify department and division):

An employee of another agency (specify agency, department, and division):

A contractor (specify employer or non-state agency name):

An intern or volunteer (specify agency, department, and division):

Other (specify, for example, if you are an advisory council member or an employee of a private provider):

HHS Employee ID, if applicable:

Date Agreement Signed (required):