

**University of Wisconsin  
School of Medicine and Public Health  
Department Family Medicine  
Technology Policies Signature Sheet**

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**NOTE: A copy of this Signature Sheet must be received by the Department of Family Medicine (DFM) Helpdesk within two business days after the start date of the new employee or guest or account access will be disabled.**

**This document addresses the following areas of the HIPAA Security Policy:** Security Management Process (161.308(a)(1)); Information Access Management (161.308(a)(4)); Security Awareness and Training (161.308(a)(5)); Access Control (161.312(a)); Person or Entity Authentication (164.312(d)), Workstation Use 164.310(b); Workstation Security 164.310(c).

**DFM Technology Policies:**

**Please review the following policies with your employee or guest as appropriate to their assigned duties and check the box next to each policy you have reviewed. The following policies can be found at <https://inside.fammed.wisc.edu/policies>**

- Employee or Guest Technology Security Policy** - This policy addresses the use of technology resources for accessing/storing Protected Health Information (PHI) and applies to employees or guests using DFM technology resources.
- Computer Support and Standards Policy** - This policy defines the standard requirements for workstations/laptops authorized to connect to DFM/UWMF networks and applies to all DFM employees and guests who utilize DFM resources.
- Laptop Appropriate Use Policy** - This policy outlines expected employee or guest behavior regarding the use of laptop equipment and applies to DFM employees or guests utilizing laptop equipment at a DFM location.
- Email Policy** - This document addresses email usage for DFM employees.
- Personal Digital Assistant Policy** - This policy applies to all PDAs, whether DFM or employee owned, that are used for business purposes such as the storage of PHI, passwords or sensitive departmental information.

**Clinic Manager/Supervisor/Designee:**

**I have reviewed the policies checked above with the employee.**

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Supervisor/Designee Signature

Date

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Print Name

**Employee:**

**I have read and agree to adhere to the policies checked above.**

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Employee Signature

Date

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Print Name