

**Security Awareness,  
Understanding & Accountability Form**  
(External Entity Version 1.0)

**Exhibit F**

Annual Information Security Training and Awareness is required for any person that is required to use California Correctional Health Care Services (CCHCS) IT assets or information as part of their job functions or assigned tasks. By signing this document you certify that you are aware of, understand, and are accountable for complying with CCHCS Information Security Policies as defined in the California Department of Corrections & Rehabilitation (CDCR) Department Operations Manual (DOM).

<b>NAME:</b>	<b>ORGANIZATION:</b>	
<b>TELEPHONE NUMBER:</b>	<b>E-MAIL ADDRESS:</b>	
<b>HAS COMPLETED INFORMATION SECURITY TRAINING AND AWARENESS</b>	<b>Yes</b>	<b>DATE:</b>

**As a user of CCHCS IT assets or information, I agree to the following terms and conditions:**

- a. I will comply with all State policies and laws regarding the access, use and protection of State IT assets and information.
- b. I will comply with all CCHCS Information Security Policies as defined in the [CDCR DOM](#), Chapter 4, Article 45.
- c. I will access or use CCHCS IT assets and information for authorized purposes only.
- d. I will exercise all precautions necessary to protect confidential, sensitive, personal, and protected information I access or use.
- e. I will use care to physically secure CCHCS IT assets and information from unauthorized access, theft, damage, or misuse.
- f. I will not share my passwords with anyone.
- g. I will only access system areas, functions, or files that I am formally authorized to use.
- h. I will access CCHCS systems and networks using only my assigned user ID(s) and password(s).
- i. I will not perform any act that interferes with the normal operations of IT systems.
- j. I will use only CCHCS approved IT systems.
- k. I will comply with all applicable copyright laws.
- l. I have taken within this current calendar year or will take within the next 30 business days the CCHCS Information Security Awareness Training and understand my responsibilities as described in that material.
- m. I acknowledge my responsibility to take the CCHCS Information Security Awareness Training at least annually thereafter or as directed by CCHCS.
- n. I understand that illegal use of CCHCS IT assets and information may be a public offense punishable under Section 502 of the California Penal Code.

<b>NAME: (PRINT NAME)</b>	<b>SIGNATURE:</b>	<b>DATE SIGNED</b>
<b>MANAGER: (PRINT NAME)</b>	<b>MANAGER'S SIGNATURE:</b>	<b>DATE SIGNED</b>