

Confidentiality and Information Security Acknowledgement for Non-Employee

I have read Northwestern Medicine's Confidentiality Policy, Computer Use and Security Policy, and the Information Security Agreement. I understand my responsibilities and will abide by all the provisions identified.

I understand my access to the system will be logged for security & privacy monitoring. This access will be disabled when I have not used my account for more than 90 days and I will need to contact NM West Region's Service Desk at (630)-933-4357 to reinstate my access. **After 6 months of non-use, my access will be terminated.**

Please print the name and signature of individual needing access (all fields are required)

First Name _____ Middle Initial _____ Last Name _____

Last 4 digits of SS# _____ Birth Month (MM) _____ Birth Day (DD) _____

E-Mail Address _____

Signature _____ Date _____

Choose type of non-employee category

- Contractor Offshore Contractor Vendor System Support Offshore Vendor System Support Volunteer

Contractor: supplemental staff equivalent to a Northwestern Medicine employee

Vendor: provides products or defined services for specific systems

Start Date _____ End Date _____

Company Name _____

Company Contact Name _____

Company Phone Number _____

Northwestern Medicine Supervising Manager _____

Northwestern Medicine Department Name _____

Northwestern Medicine Location (Facility) _____

Northwestern Medicine Role/Position _____

If role is not defined, please specify what access is required in the comments section below

Comments _____

E-MAIL completed form to Provisioning@nm.org or FAX completed form to 630-933-2588

For NMH Office Use Only

11/2016

Provision _____ Provision Date _____ UserID _____