

## Internet Access Agreement

**I hereby acknowledge that I have received a written copy of the Southern Illinois Healthcare (SIH) Internet Access and Usage Policy. I understand and agree to abide by the policy. Access will not be granted to Internet through SIH until this form is completed and returned to Information Technology Services.**

Any violation of the Internet Access and Usage policy and procedure will result in disciplinary action per the Internet Access and Usage Policy. The Internet Access and Usage policy may at some time be modified. Users understand that by signing this agreement, they are required to review and comply with any of those changes.

**Workforce member (print name)** \_\_\_\_\_

**Employee Number:** \_\_\_\_\_

**Facility**     MHC     HH     SJ     System     MMHC     Physician Services     SIMS

**Department** \_\_\_\_\_

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witnessed by (print name)** \_\_\_\_\_

**Facility**     MHC     HH     SJ     System     MMHC     Physician Services     SIMS

**Department** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Return this form to:

Southern Illinois Healthcare

Information Technology Service

Compliance/QA Section