



myAvatar Policy/Procedure Acknowledgement Form

I, _____, have received and read the following DBH policies and procedures located in the Document section of the DBH website

<https://wp.sbcounty.gov/dbh/forms/>

- Computer and Network Appropriate Use Policy (IT5004)
- Confidentiality of Protected Health Information (PHI) Policy (COM0905)
- myAvatar Electronic Health Record Policy (IT5012)
- Security of Protected Electronic Health Information Policy (COM0923)
- Workstation and System Security Policy (COM0924)

I understand the contents and acknowledge my responsibility to adhere to the County and department policies and procedures described therein.

Employee Signature

Date

Job Title

Employee ID

Please route copies as follows:

Original: WET

Copy to: Employee

Copy to: Supervisor

Copy to: Human Resources