



myAvatar Policy/Procedure Acknowledgement Form

I, _____, have received and read a copy of the following DBH policies and procedures:

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

I understand their contents, and acknowledge my responsibility to adhere to the County and the 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