

**USER CERTIFICATION OF NOTIFICATION AND AGREEMENT OF COMPUTER  
USE POLICY**

I certify that I am a contractor or vendor working with DHHS on behalf of the reporting facility and that I have read this "Acceptable Use Policy" and understand my obligations as described herein. I understand that this policy was approved by the Secretary of the Department of Health and Human Services and these obligations are not specific to any individual Division or Office of the Department, but are applicable to all users who have access to NCIIN. I understand that failure to observe and abide by these obligations may result in disciplinary action, which may include dismissal and/or contract termination. I also understand that in some cases, failure to observe and abide by these obligations may result in criminal or other legal actions. Furthermore, I have been informed that the Department will retain this signed Agreement on file for future reference. A copy of this Agreement shall be maintained in the personnel file and/or in the contract administration file.

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Print Name

Date

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User Signature

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Supervisor's Signature

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<b>Section VIII:</b>	<b>Security and Privacy</b>
<b>Title:</b>	<b>Security Manual</b>
<b>Chapter:</b>	<b>Acceptable Use for DHHS Information Systems</b>
<b>Current Effective Date:</b>	<b>June 15, 2005</b>