

KINNEY Confidentiality Agreement
ADMINISTRATORS ONLY

District: _____

Name: _____ **Title:** _____

E-mail Address: _____

I have received my user ADMINISTRATOR Identification (UserID) and Password and agree to the following:

- I will not share my UserID and Password.
- I will keep my UserID secure and password secure, i.e. not accessible to anyone else.
- If my UserID or Password is compromised or lost I will immediately notify KINNEY by calling 1-518-371-0176 or emailing helpdesk@kinneyassoc.com
- ***When assigning user identification and initial passwords I will verify the identity of the person to whom they are assigned.***
- When entering services on the KINNEY web site I will assure that no one is able to observe. I will make sure that my monitor is not viewable by others and will sign off when I am finished entering information.
- When entering and/or accessing information on the KINNEY web site I will comply with all federal and state regulations controlling its treatment and release. This includes, but is not limited to the Family Education Rights to Privacy Act (FERPA) and the Health Insurance Portability and Accountability act of 1996 (HIPAA).
- I will immediately report to the District's KINNEY Access/Security Manager if the security/confidentiality of my password is compromised in any way.
- I accept full responsibility for the accuracy of the information I report.
- I will only assign ID's and password where I have verified the user identity.

By signing this document I am certifying that I have read and understand all of the above terms of use and agree to them; and I will retain all necessary documentation to support the entries I make.

Print Name: _____

Signature: _____ Date: _____

Name of KINNEY security manager assigning district security manager's ID and password.

Print Name: _____

Signature: _____ Date: _____

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|-----------------------|------------------------|
| User ID: _____ | Password: _____ |
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