

ACCESS/DISCLOSURE AGREEMENT
Office of Human Resources, NIH, HHS

4/4/17

Authorized users of data provided by the Office of Human Resources (OHR), NIH, are hereby notified about their responsibilities regarding the safeguarding of personnel data and information.

Data and information provided by OHR may contain sensitive and/or confidential information, including systems of record protected by the Privacy Act (i.e., records that are retrieved by unique, individual identifiers such as name, social security number, address, etc.). Data and information originating from the OHR in any form including reports, records, email and documents affect the rights and benefits of individual employees as well as the interests of the government.

As an authorized user, you are to respect and maintain all security measures required to ensure that only authorized users have access to data files and that access is based upon a legitimate "need to know" basis. All users shall protect the integrity and security of this data, including physical security and prevention of unauthorized disclosures.

Your signature on this form indicates that you have read the above statement and understand the importance of safeguarding data, and that unauthorized use or disclosure of such data may result in disciplinary action and/or criminal penalties, as specified within the Privacy Act of 1974 (5 U.S.C. 552a). It also indicates that you understand and accept the requirement that all disclosures (including the format and attributes of the release) must be cleared and approved by the proper authority.

In addition, your signature indicates that you have completed the annual mandatory on-line NIH Information Security Awareness Training (<http://irtsectraining.nih.gov/>) which includes your agreement to adhere to the IT General Rules of Behavior.

Requests for Recruitment Systems:

If you are requesting access to any recruitment system, your signature acknowledges that you agree not to access or review information regarding any position for which you may apply (for example, crediting plans, questions and weights, applicant rosters, etc.). If you are considering applying for a position that you may be required to announce, you must notify your supervisor and recuse yourself from the hiring process. You may not share information from the recruitment system with anyone eligible to apply for a position being advertised.

Requests for Capital HR and LMS Access:

If you are requesting access to Capital HR (EHRP) system, your signature acknowledges that you have read and agree to the Rules of Behavior for use of HHS Program Support Center Enterprise Systems (<https://www.hhs.gov/ocio/policy/hhs-rob.html>) Additionally, if you are requesting access to the Learning Management System (LMS), your signature acknowledges that you are agreeing to abide by the contents of this form and all other applicable IT security policies and procedures.

Acknowledgement:

By signing this Access Disclosure form, you agree to abide by its contents and all other applicable IT security policies and procedures.

Requester's Signature: _____

Printed Name of Requester: _____

Date Signed: _____

Please sign and return this form to HR Systems Support (HRSS), no later than one week from the date of your HR System access request.

HRSS fax: (301) 451-5679 HRSS email: HRSS@nih.gov HRSS mail: 2115 E. Jefferson St. 6th floor, Rockville, MD 20892