



**E-MAIL / INTERNET USER AGREEMENT**

**Agreement:**

I have received a copy of HighPoint Health System’s Policy on E-mail/Internet use. I recognize and understand that the health system’s E-mail/Internet systems are to be used for conducting HighPoint Health System business only. I understand that use of this equipment/tool for private purposes is strictly prohibited.

As part of HighPoint health System and a user of the health system’s gateway to the Internet and e-mail systems, I understand that this E-mail/Internet policy applies to me.

I have read the aforementioned document and agree to follow all policies and procedures that are set forth therein. I further agree to abide by the standards set in the document for the duration of my employment with HighPoint Health System.

I am aware that violations of this policy on E-mail/Internet acceptable use any subject me to disciplinary action, up to and including discharge from employment or removal from clinical rotations. I am also aware that E-mail/Internet activity is monitored.

I further understand that my communications on the Internet and E-mail reflect HighPoint Health System to our patients, community, and suppliers. Furthermore, I understand that HighPoint Health System can amend this document at any time.

\_\_\_\_\_  
Student (Sign Name)

\_\_\_\_\_  
Student (Print Name)

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Instructor\* (Sign Name)

\_\_\_\_\_  
Instructor\* (Print Name)

\_\_\_/\_\_\_/\_\_\_  
Date

\*Placement Coordinator may sign