



Approved Third-Party Acceptance of Appropriate Use

Policy Sections:

- 5001.1 Appropriate use of IT Systems
- 5001.2 Conditions for Company Access
- 5001.3 Policy Development

Policy Location: <https://team.maxwell-group.com/forms-policies/policies/its-appropriate-use/>

You have requested access to information and technology systems from Maxwell Group, Inc. / Senior Living Communities, LLC. To utilize these systems, you must agree to the following:

- 1) You have read and understand the Policy Sections referenced above at the Policy Location referenced above.
- 2) You will be assigned a unique user ID and Password for the requested system. This unique user ID and Password must not be shared with anyone under any circumstance. This unique user ID and Password will log all activity within the system which will be the responsibility of the assigned user.
- 3) You understand the potential of HIPAA Breach should your unique user ID and Password be compromised. **Email breach@maxwell-group.com OR Call 704.815.7345** (Maxwell Group, Inc. ITS Breach line) if you believe electronic personal health information (ePHI) might have been lost, stolen, compromised, misdirected, etc. More information on HIPAA Breach Notification can be found here: <https://team.maxwell-group.com/forms-policies/policies/its-hipaa-breach-notification/>

I have reviewed this policy and I agree to keep my password confidential. I will be the only individual using my unique access code/password. I am recording my signature below which constitutes my agreement with this policy as well as an official record of my signature.

Printed Name

Signature (with credentials)

Company / Office Name

Company / Office Address

Company / Office Phone

Date