



DPH RULES OF BEHAVIOR (RoB)

I have completed SSA-DPH Security Awareness Training and will do so annually hereafter.

I understand the penalties for non-compliance. All DPH employees who do not comply with the DPH Rules of Behavior may incur disciplinary action and/or criminal action.

I understand that compliance is mandatory whether working at my primary workplace or remotely. As a DPH employee, I will comply with the security requirements outlined in the DPH Security Awareness Training.

I understand the appropriate disciplinary action may be taken in a timely manner in situations where individuals and/or systems are found non-compliant. Violations of DPH Policies may result in penalties under criminal and civil statutes and laws.

I assert my understanding that the DPH policies, procedures and applicable laws must be properly implemented, enforced and followed to effectively protect DPH's IT resources, PII, PHI, and SSA data.

I understand I must destroy electronic media and papers that contain sensitive data when no longer needed, in accordance with DPH policies.

I understand I must take all necessary precautions to protect DPH information assets (including but not limited to hardware, software, personally identifiable information (PII), protected health information (PHI), and social security information (SSA) from unauthorized access, use, modification, destruction, theft, disclosure, loss, damage, or abuse and treat such assets in accordance with any information handling policies.

I understand I must not share or disclose sensitive information except as authorized and with formal agreements that ensure third-parties will adequately protect it.

I understand the potential criminal, civil and administrative sanctions or penalties for unlawful access and/or disclosure.

All SSA Security Incidents must immediately be reported to IT.Security@dph.ga.gov
Social Security Administration – BENDEX, SDX and Social Security Numbers – Federal penalties for unlawful disclosure of information are included under sections 1136, 1106, and 205a of the Social Security Act, plus the federal penalties under the Internal Revenue Service Act.

☐ **I acknowledge under penalty of perjury that I have read the above *DPH Rules of Behavior (RoB)* document and understand and agree to comply with its provisions. I understand that violations of the DPH RoB, or information security policies and procedures, may lead to disciplinary action and that these actions may include termination of employment; criminal penalties; and/or imprisonment. I understand that violation of certain laws, such as the Privacy Act of 1974, copyright law, and 18 USC 2071 can result in monetary fines and/or criminal charges that may result in imprisonment.**

Signature: _____ Date: _____