



## Information Security Compliance Form

- I have read the Information Security Compliance Policy 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 ENCOMPASS HEALTH.
- I am aware that violations of this corporate guideline on Security Compliance may subject me to disciplinary action, up to, and including termination and subject to civil and criminal proceedings.
- I understand that all communications conducted via ENCOMPASS HEALTH IT systems – including personal computers connected to the ENCOMPASS HEALTH network – are subject to ITG Security monitoring and have no expectation of privacy.

*Please clearly **PRINT** all information except signatures.*

Internet Approved? YES                      E-mail Approved? YES

Employee / Temporary / Student PT / Other  
(Please circle one)

Date: \_\_\_\_\_

Print LEGAL Name Clearly ( <i>First, Middle, Last Name</i> )	Social Security Number	Signature
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Title/Position	Facility Number	Location (City and State)
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Supervisor's or Authorized Sponsor Printed Name AND Signature	Date Signed
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**Please note:** For any questions regarding this form, please call the ITG Support Center at 800-646-9404 or 205-969-4768. Field - based Managers must keep this form in the employees personnel file. These forms may be requested by internal and external auditors and should be presented upon request. For employees based at the corporate office, their completed electronic access request form will be attached by the ITG Identity Management group to the access service request after the supervisor has approved.