

# Department of Speech, Language, and Hearing Sciences

## Acceptable Computer Usage Policies

### Purpose:

The Department of Speech, Language, and Hearing Sciences provides various computer systems in support of clinical, academic, and research activities. All users are responsible for using these systems in an effective, ethical, and lawful manner and in accordance with the University of Arizona Information Technology Policies. You may find the policies here:

<http://policy.arizona.edu/information-technology>

All users must read, understand, and comply with the policies established within this document.

**By using any of the Department of Speech, Language, and Hearing Sciences computers, users agree that they will comply with these policies.**

### General Policies:

- Take no actions which violate the University Student Code of Conduct, Classified Staff Personnel Policy Manual, or University Handbook for Appointed Personnel.
- Access codes, passwords and usernames are personal. You must protect this information and should not share it with **anyone**.
- You are responsible for any and all activity that is conducted under your username.
- Only access information that is your own, or that you have authorized access to use.
- Students should **not** install any device or software on **any** system. If specific software or a device is required, please make an appropriate request to support staff.
- Be considerate in your use of shared resources. Refrain from monopolizing systems.
- **Do not** attempt to subvert or circumvent system or network security.
- Abide by security measures implemented to protect information, data, and systems.
- **Do not** engage in any activity that purposefully harms system information.
- **Do not** use systems for commercial business purposes or personal financial gain in any way not authorized by the University.
- Users are obligated to report possible security lapses on any computer to the systems administrator.
- **Do not** take food or drinks into any of the computer labs in the department.
- Faculty and Staff are required to log off of all unattended computers; they may enable the screen saver with password protection (delay should not be longer than 30 minutes) on computers in their office.
- **ALL students are required to log off of ALL unattended computers.**
- **All users must comply with the HIPAA information security guidelines.**

### Passwords:

- Cannot resemble a dictionary word.
- Must have a minimum of 12 characters.
- Do not base it on your name or other information which someone could guess about you.
- Must have both uppercase and lowercase letters, numbers, and keyboard characters.
- Change your passwords periodically. If you have been compromised, change your passwords IMMEDIATELY.
- Do not enable the “remember password” function on websites.
- Do not use your UA NetID password as a Clinical Computer Lab password.

# Department of Speech, Language, and Hearing Sciences

## Request for User Accounts

Student Name: \_\_\_\_\_

Expected Graduation Date (month/year): \_\_\_\_\_

Audiology Student     Speech Student     Staff     Faculty

UA email: \_\_\_\_\_

Completed HIPAA Essentials through UAccess Learning

**Account Type Requested** (check all that apply)

MBB Windows Account (Faculty, Staff, GRAs and GTAs only)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ (Note: 1 academic year max for students)

Requires access to computer(s) in which lab: (requires faculty signature)

Lab: \_\_\_\_\_ Faculty signature: \_\_\_\_\_

Lab: \_\_\_\_\_ Faculty signature: \_\_\_\_\_

Clinic Account\* (Hodgson and TIMS): (choose your program)

\*Account available until July of graduation year

Audiology

Speech-Language

Child Language Center/WOW

Requires **Door Access Code** to Clinical Computer Lab

**Requester:** By signing this form, I affirm that I have read, understood, and agree to abide by the Department of Speech, Language, and Hearing Sciences' Information Security Awareness Training and HIPAA guidelines.

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Signature

Date

**Supervisor:** By signing this form, I affirm that the user has a required need to use accounts on the above mentioned systems. I authorize the creation of an account for the user.

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Signature

Date

**Return this form to the systems administrator for processing.**