

The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

GENERAL

Remote Access allows user connections to the government network and some applications from a government authorized and enabled remote service, such as Desktop Terminal Services (DTS), Virtual Private Network (VPN), Spandial, or Exchange Web Access ('Spring').

A signed agreement must be on file before a request for Remote Access will be processed.

TERMS AND CONDITIONS FOR USE

As a condition for remote access to government computing facilities, you must adhere to the following:

1. The Remote Access Agreement is to be used in addition to, and is intended to supplement, existing published policies, operational directives (Government and Ministry), and government's "*Information and Communications Technology (ICT) Resource Usage Policy/Agreement*" (see <http://www.sdsi.gov.bc.ca/forms/pdf/HR3051.pdf>).
2. Use of remote access is restricted to approved business-related purposes only.
3. You have installed and will actively use a current Anti-Virus software tool on your computer, including regular updates to the anti-virus signature files.
4. You will apply vendor security patches to your computer's operating system as they become available.
5. You will store all government information on the government network.
6. You will not circumvent established remote access security settings.
7. When not in direct use, you will ensure that the connection from your equipment to the Government Network is terminated.
8. Where any contention or conflict exists in usage requirements and the remote access agreement, existing published policies, operational directives (Government and Ministry), and government's "*Information and Communications Technology (ICT) Resource Usage Policy/Agreement*" take precedence.

REMOTE ACCESS AGREEMENT TERMS AND CONDITIONS

I have read this Remote Access Usage Agreement, and agree to comply with the terms and conditions specified. I understand that violation of this agreement may result in my being subjected to disciplinary action, and/or my privileges being revoked.

USER NAME (PLEASE PRINT)	OFFICE CODE/BRANCH
USER SIGNATURE	DATE SIGNED (YYYY MMM DD)
WITNESS NAME (PLEASE PRINT)	OFFICE CODE/BRANCH
WITNESS SIGNATURE	DATE SIGNED (YYYY MMM DD)

Original to Employee or Contract file, copy to user.

Scan copy of the completed form to:

Information Management Branch (SDHDSUP@gov.bc.ca)

Attn: Client Support