

Remote Access Acknowledgement for Medical Students

The purpose of this document is to confirm your understanding and acceptance of the security controls required for remote access to UW Health clinical systems including Health Link.

1. I understand I may access UW Health clinical systems from one personally owned laptop (MacOS or Windows) after following an enrollment process. I understand the device must be a laptop capable of running a desktop operating system. Devices that run mobile versions of operating systems, such as tablets and phones, may not be enrolled.
2. I understand I am responsible for maintaining the security controls on my laptop, including keeping my virus/malware protection, applications, and operating system updated.
3. I understand the enrollment process will check my laptop to confirm the following security controls are in place:
 - a. Password protection (minimum length of 8 characters)
 - b. Hard drive encryption
 - c. Operating System patching enabled and up to date. Up to date means within 30 days of being notified my laptop operating system is out of date.
4. I understand that after enrollment, the UW Health security management system will periodically evaluate my laptop to confirm it is still in compliance with these security controls, and if my laptop falls out of compliance, my remote access privileges will be removed.
5. I understand that UW Health will not monitor computer activity unrelated to my use of UW Health systems. UW Health will not monitor my web activity, applications, or geolocation. However, I understand UW Health may impose additional security controls from time to time as necessitated by the changing cybersecurity threat landscape.
6. I understand I can unenroll my laptop at any time if I no longer wish to be subject to these security controls, and that doing so will result only in the loss of my remote access privileges.
7. I understand that I may access UW Health clinical systems via a custom Citrix portal at <https://remoteapps.uwhealth.org> when using my enrolled laptop. I agree I will only access this portal from my enrolled laptop. I will not remotely access UW Health clinical systems from any other devices, including other devices I personally own. I understand that this access is in addition to my current access, and that my access to UW Health systems from the UW Health, School of Medicine and Public Health, and Unity Point-Meriter networks remains unchanged.

Name (print full name): _____

Written Signature: _____ Date: _____