

Iowa Department of Public Health
Bureau of Information Management

Acknowledgement of Receipt of Security Token

Complete the following steps:

1. Read, sign and date this page in the spaces provided below.
2. Make a copy of this document for your records.
3. Fax or mail the signed document to the address provided below.

You are responsible for protecting the assigned security token (**TOKEN ID# _____**) and Personal Identification Number (PIN) that you will be required to create. Your assigned user name is: (**_____**). Keep your PIN secret and protect your token against loss and theft. If an unauthorized person learns your PIN and obtains your token, this person can assume your identity. Any action this intruder takes is attributed to you in the system's security log. For your own protection and that of the system, always take the following precautions:

- Do **not** set PINs to:
 - Easy numbers such as "1111"
 - The serial number of the token or any part of it.
 - Your UserID, EmployeeID or part of your Social Security Number.
- **Never** reveal your PIN to anyone, and do **not** write it down.
- If you think someone has learned your PIN, notify the help desk at 515-281-4258, to clear/change the PIN immediately.
- Do **not** let anyone access the system under your identity. In other words, do not let someone use your security token password and PIN number.
- Only use the token for its intended use. Misuse of the token or the accesses granted through the token, may result in revocation of the token.
- Be careful not to lose your security token or to allow it to be stolen. If your security token is missing, immediately notify _____ at _____. The token will then be disabled so that it is useless to unauthorized users.
- Your security token must be protected from physical damage. Do not immerse it in liquids, do not expose it to extreme temperatures, and do not put it under pressure or bend it. Damaged or misused tokens must be returned to IDPH Information Management for replacement and the cost of the replacement (\$60.00) will be your responsibility.
- If you have any problems or issues regarding the use of your token, call _____
- Upon departure, you **MUST** return your assigned token to your supervisor/manager on the last day of employment or date requested by management.

I hereby acknowledge receipt of the above numbered Token and it's associated PIN, and I acknowledge receipt of the instructions and agree to abide by the rules for use.

User Name (printed): _____ Agency: _____

User Signature: _____ Date: _____

Fax to _____ or Mail to:
Iowa Department of Public Health

ATTN:
321 E. 12th St
Des Moines, IA 50319-0075