**Teleworking Security Agreement**

User Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

User’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_

User’s Network ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Login ID) Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

User’s Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorization Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internet Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Satellite Internet: Y or N *(circle one)*

All users assigned to “Teleworking” positions as identified by management will ensure that they are compliant with all regulations pertaining to and in accordance with HIPAA and Protected Health Information (PHI), Payment Card Industry (PCI), and other proprietary and confidential information.

I have read and understood HL-4.0, “Teleworking” Policies and Procedures, including periodic audits of minimum performance goals, and agree to abide by the requirements specified within them. Additionally, I understand that failure to comply with the requirements specified within the “Teleworking” Policies and Procedures” may result in disciplinary action, which may include loss of “Teleworking” privileges or up to and including termination of employment.

**I have satellite internet and understand that inconsistent service may cause me to return to primary on-site location.** Initials\_\_\_\_\_\_\_ or N/A

User is only authorized to store sensitive data on the secure network affiliated with VGM Group, Inc. and in accordance with VGM Group, Inc.’s Information Security Policies.

**Failure to Return Equipment:** Teleworkers who transition back to primary on-site location or whose employment ends and fail to return Company-owned equipment will have the cost deducted from their paycheck.

**Limitations and Liabilities:** I understand and agree that I am liable for property damages and injuries to myself and third persons at or while transitioning from VGM Group, Inc.’s main campus to the teleworking site. I agree to defend, indemnify and hold harmless VGM Group, Inc., its affiliates, employees, contractors and agents, from and against any and all claims, demands or liability (including any related losses, costs, expenses, and attorney fees) resulting from, or arising in connection with, any injury to persons (including death) or damage to property caused, directly or indirectly, by the services provided herein by me or my willful misconduct, negligent acts or omissions in the performance of my duties and obligations under this Teleworking Security Agreement, except where such claims, demands, or liability arise solely from the gross negligence or willful misconduct of VGM Group, Inc.

User Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

User (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corporate Security and Compliance Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corporate Security and Compliance (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_