

# Nexus SD End-User License Agreement

As a condition to being allowed access to Nexus SD ("the System"), I agree to abide by the following terms and conditions:

1. I will not disclose my username and password to anyone.
2. I will not allow anyone to access the System using my username and password.
3. I will not attempt to learn or use another's username and password.
4. I will not access the System using a username and password other than my own.
5. I am responsible and accountable for all data retrieved and all entries made using my username and password.
6. If I believe the confidentiality of my username and password has been compromised, or I have issues logging into the system, I will immediately notify my internal IT support so that my password can be reset, or they can assist with login issues.
7. I will not leave my computer unsecured while logged into the System.
8. I will treat data available to me through the System confidentially, as defined by the Nexus SD Policy and Operations Manual (found at [nexus.sd.gov](http://nexus.sd.gov)). I will not disclose any confidential information unless required to do so within the official capacity of my job responsibilities, and then limited to parties with a legitimate need to know.
9. I will not access, view, or request information regarding anyone with whom I do not have a clinical, human or social service provider relationship or a need to know in order to perform my job responsibilities.
10. I acknowledge that my use of the System will be routinely monitored to ensure compliance with this agreement.

I attest that I have read and understand the Nexus SD Policy and System Operations Manual (found at [nexus.sd.gov](http://nexus.sd.gov)) and will abide by the policies and processes outlined therein. I further acknowledge that if I violate any of the terms as stated above, I am subject to loss of System privileges, legal action, and/or any other action available to Nexus SD. This agreement is effective from the date signed unless/until I change employers, positions, and/or no longer require access to the Nexus SD as part of my employment.

By continuing, I further acknowledge that if I violate any of the terms as stated above, I am subject to the loss of System privileges, legal action and/or any other action available to Nexus SD.

\_\_\_\_\_  
Signature:

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

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Organization:

\_\_\_\_\_  
Date: