

Clinical Center Skype Request Form

USER INFORMATION

Name: _____ Position Title & Grade: _____

Department/Branch or Section: _____

Bldg/Room #: _____ Office Phone Number: _____

Device Serial #: _____ Device Make & Model: _____

Device Name: _____

I am requesting approval for installation of Skype on my GFE workstation to include:

- Skype Audio Only
- Skype Audio & Video – User has approved camera for Skype Usage
- Skype Audio & Video – User does not have camera (department will purchase separately)
- Skype Audio & Video – User does not have camera (department will purchase camera from CC)

USER JUSTIFICATION: My job responsibilities require me to (check all that apply):

- Conduct interviews with remote parties
- Conduct audio/video business communication with collaborators in national or international locations
- Other: Please specify: _____

SIGNATURES

Employee Signature

Date

Immediate Supervisor Signature

Date

Department Head Signature

Date

CC CIO DECISION

Approved **Disapproved**

Comments:

CC CIO Signature

Date

Responsibilities for Use of Skype Employee Certification Letter

Agreement:

- I will use Skype for business purposes only and only on my Government Furnished Equipment (GFE).
- I will adhere by the Clinical Center's (CC) Skype usage policy.
- I will not utilize the file sharing or Super Node features of the Skype application.
- I will not utilize my local administration privileges (if I have these privileges) to reconfigure the Skype application on my GFE to utilize Skype in an unauthorized manner.
- I will not utilize the audio and/or video features of Skype in public areas of the Clinical Center where images and/or private verbal conversations by CC staff, patients, or patient families may be heard/displayed in Skype without their express permission.
- I will educate myself on the authorized business usage of Skype and its audio/video communications capability including usage of the camera (if needed). Please see the link for the general Skype administration manual: <http://download.skype.com/share/business/guides/skype-it-administrators-guide.pdf>
- I will only utilize the Skype application on the allowed operating system platforms as listed in the CC Skype Usage policy.
- If I have a need to conduct video communications for business purposes, I will ensure that the camera that my department purchases is an approved make and model (Microsoft Lifecam, part number - H5D-00001) that complies with the CC Skype Policy and is compatible with the CC approved operating systems (Windows 7, Windows XP, and MAC OS v.10.2 and higher).
- I will avoid using Skype to communicate sensitive information (e.g., patient data, research data, security information, personnel information or other information covered under HHS National Standards to Protect the Privacy of Personal Health Information) or information that, if disclosed or improperly used, could adversely affect NIH's ability to accomplish its mission.
- I will adhere to the NIH Limited Usage Policy: <http://oma.od.nih.gov/manualchapters/management/2806/> (If I don't have access to this link, I will request m my user Support representative).
- I am responsible for returning the PDA camera used for the Skype application when it is no longer required to carry out departmental work assignments and I will notify my User Support representative when access to Skype is no longer needed.
- I understand that violating these procedures could result in loss of associated privileges, I may be held financially liable for any costs associated with improper use, and/or may result in disciplinary action.

Employee Certification: I certify that I have received and read the CC Skype Policy and that I understand the requirements and agree to adhere to them.

Employee Printed Name

Employee Signature

Date

Desktop Phone Number

ID Badge #

Supervisor Certification: I certify that I have reviewed the CC Skype Policy with the employee and that he/she understands the requirements and agrees to adhere to them.

Supervisor Printed Name

Supervisor Signature

Date

Desktop Phone Number