



Acceptable Use Policy and User Agreement
Mobile Access Program (MAP)

Introduction

1. This Acceptable Use Policy (“AUP”) and User Agreement created by Coordinated Care Services, Inc. (“CCSI”; under whose auspice the Institute for Police, Mental Health & Community Collaboration operates) outlines the user responsibilities for access to Telemental Health (Zoom Healthcare subscription service and supporting Apple iPad). By using Telemental Health, the user agrees to comply with this Acceptable Use Policy (“AUP”) and User Agreement and to be responsible for its use by other users. CCSI may suspend or terminate your service for violation of this AUP or User Agreement.

MAP Pilot User Responsibilities

1. Telemental Health provides access to mental health evaluation services.
 - a. No other uses of the equipment are supported unless otherwise specifically agreed upon between the user and CCSI.
2. Users agree to limit their use to those purposes as set out above. Users agree to maintain awareness of this Acceptable Use Policy and User Agreement.
3. The use of the hardware and/or software installed on the iPad to transport illegal content, to send hate speech, or to send threats of any kind is strictly prohibited.
4. Users must obtain CCSI consent prior to repurposing or reassigning equipment connected to the Telemental Health program or performing any action that could disrupt the operation of the program.
5. Users will appropriately safeguard the iPad to prevent unauthorized access.
6. Users understand that “Location Services” will be enabled to allow the iPad to be located in the event of a lost iPad. CCSI and its IT subcontractors agree to only utilize this capability upon the report of a lost iPad.
7. Users agree to fill out a brief questionnaire immediately following each use of telemental health (or as soon as practicable).
8. Users agree to adhere to their departmental policies developed for this program or those that otherwise regulate the use of the equipment provided for this program. This agreement does not supersede an organization’s acceptable use policy.
9. Violation of the Acceptable Use Policy or User Agreement, by a user may result in immediate disconnection from the program depending on the severity of the violation.

By signing this document, I attest to the fact that I understand and agree to the above. I also acknowledge that I have watched the on-line instructional video. I understand that I need to print and sign this form and return it to dkamin@nyscit.org prior to using the iPad.

Agency: _____ Date: _____

Email Address: _____

Print Name: _____ Signature: _____