

**Akses Sementara bagi Penyelidik
CONFIDENTIAL DECLARATION**

I, the undersigned, acknowledge that:

1. My PASSWORD is the equivalent of my signature.
2. If assigned a PASSWORD, I will change my PASSWORD that is only known to me. I will not disclose it to anyone or allow / enable anyone to access information using it.
3. I will not attempt to learn another user's PASSWORD.
4. I will not attempt to access information by using a PASSWORD other than my own.
5. I will not attempt to access any unauthorized information.
6. If I have a reason to believe that confidentiality of my PASSWORD has been compromised, I will contact the appropriate system security coordinator immediately so that the suspect PASSWORD can be deleted and new PASSWORD assigned to me.
7. I understand that the information that I will have access to is Selayang Hospital confidential. Access to, use and sharing of this information is to be strictly for Selayang Hospital business / patient care purposes only as defined by my "need to know" and authorized job responsibilities.

I understand that if I violate any of the above statements that I will be subject to disciplinary action.

Officer/Staff: _____ :
Signature :
Name :
I/C No. : Position :
Department/Unit : Date :
Research Title :
No of days required for the temporary access :
Head of Signature:
Head of Department Name: