

Employees' Use of E-Communication		
Policy Owner: Information Technologies	Effective Date:	
Point of Contact Title: Senior Vice President, Communications & Marketing; Chief Information Officer	Version #:	1
Affected Organizations: <input checked="" type="checkbox"/> Enterprise <input checked="" type="checkbox"/> University <input checked="" type="checkbox"/> Medical Center <input checked="" type="checkbox"/> Medical Associates	Affected Stakeholders (<input checked="" type="checkbox"/> all that apply): <input checked="" type="checkbox"/> Faculty <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> All Employees <input checked="" type="checkbox"/> Students <input type="checkbox"/> Other: <input style="width: 200px; height: 20px;" type="text"/>	

Policy Statement

Include a clear, concise statement of the policy addressing the following: What is expected, when the policy applies, and any major conditions or restrictions that apply.

INTRODUCTION

The University and Health System provide resources for electronic communications (e-communications)--clients, servers, a campus-wide network and access to the Internet--to its employees to use in the course of doing their jobs. E-communications provide for efficient communication between co-workers and management and enable electronic business transactions. This policy establishes the applicability of existing University and Health System policies and federal, state and local law to e-communications, expectations for privacy and requirements for good electronic community citizenship.

I. RELEVANT UNIVERSITY/HEALTH SYSTEM POLICIES

Employees must abide by all relevant University and Health System policies in using e-communications. These include, but are not limited to, the policies for Electronic Mail Management and Retention, Use of University/Health System-Wide Electronic Mailing Lists, Departmental Information and Records Management, Responsible Computing, and the codes of ethics for faculty, and professional and salaried staff and the Statement on Academic Freedom.

II. PRIVACY

The University and Health System respects the reasonable privacy expectations of its

employees in the interest of promoting academic freedom and an open, collegial atmosphere. The University and Health System will not engage in random monitoring of written or electronic communications. Nonetheless, the University and Health System owns its e-mail system and can limit and/or restrict access to it, as it deems necessary. The University/Health System's policy for doing so is defined in Policy (Jim Rush fill in). Policy for Responsible Computing at GRU.

While the University and Health System does not routinely monitor telephone conversations, e-mail, internet access or usage, or other electronic transmissions, it may be required to do so by civil authorities. Therefore, the University and Health System reserve the right to do so, at any time and without further notice. The most likely circumstances in which monitoring may be necessary are in troubleshooting systems, pursuing violations of University/Health System policy, and requests from law enforcement authorities and the courts.

To comply with the state law requiring acknowledgement of this policy, this and other University and Health System Information Technology policies are described in Responsible Computing. After familiarizing themselves with the Manual and its supporting policies, employees must indicate their understanding and compliance with them as described in the Manual.

The University and Health System own all e-mail sent and received and can limit and restrict access to the University/Health System's e-mail system. Furthermore, e-communications are subject to discovery by a court of law and can be used as evidence in litigation. "Discovery" is the legal process that permits a party to obtain relevant information that is in the possession of another party. The University and Health System is obligated to cooperate in legal proceedings. Electronic mail messages are records that could be found in many places such as, file servers, back-up tapes, copies sent and then forwarded to others, electronically even after you think you have "deleted" them for good.

III. PERSONAL E-COMMUNICATIONS

Personal use of e-communications is expected to be incidental. That is, personal e-mail, phone calls, instant messaging, must not interfere with the work an employee is expected to do and it must not consume resources that are needed for University and Health System business. Employees must exercise care that no personal e-communications posted to newsgroups and discussion lists appear to be an official communication of GRU/GRHS or disclose GRU/GRHS's proprietary information. All e-communications, whether for personal purposes or University/Health System-related purposes, are subject to review and monitoring by the University/Health System as set forth above, and all personal e-communications are subject to all of the same rules and policies as e-communications sent for University/Health System-related purposes.

IV. ELECTRONIC COMMUNITY CITIZENSHIP

V.

- Employees are expected to be courteous and respectful in their e-communications in accordance with established codes of ethics and the common rules that have evolved regarding e-mail.
- Employees must not use University and Health System e-communications resources for personal commerce, for fund-raising, or for partisan political purposes. Employees may choose to participate in any of the above activities but cannot use University/Health System resources to support their personal activities.
- Employees must not send chain letters, pyramid scheme messages, spam or other messages not related to University and Health System business. These are an irresponsible waste of computing resources and an inconsiderate nuisance. Chain letters and pyramid scheme messages are also a violation of federal law.
- Employees must not send sexually explicit, offensive, demeaning, insulting or intimidating e-communications, ethnic or racial slurs or anything that harasses or disparages others. Sending such messages is grounds for disciplinary action, including termination of employment.
- Employees must not violate copyright laws, trademark laws, or other laws in sending e-communications, publishing web pages or posting to newsgroups and discussion lists.
- Employees may use GRU/GRHS institutional mail lists only with appropriate authorization.
- Messages sent out over the Internet or World Wide Web (e.g., e-mail messages sent to people other than those on a University computer system) are not routinely encrypted before leaving the University/Health System. Although the probability of an Internet e-communication being intercepted (and possibly disseminated publicly) is small, sensitive communications and documents should not be sent through the Internet without being encrypted. Questions concerning encryption should be directed to Information Services.

Mass electronic mailings to communicate with the University and Health System community must be related to the mission or business operation of the University/Health System and must be approved by the appropriate member of the senior administration or their designee.

Employees may set up and utilize (opt in/opt out) list serves to communicate to others within the organization. These list serves are not monitored by the institution nor should individuals using these list serves assume that comments or statements made on these list serves represent the official views of GRU/GRHS.

Reason for Policy

Include a clear, concise statement of the reason this policy is needed addressing the following: the overarching basis for the policy, what those involved need to do (but not procedures), the problem or conflict the policy is designed to resolve, and any legal or regulatory reasons for policy.

To ensure appropriate use of E-Communications.

Definitions [If Necessary]:

These definitions apply to terms as they are used in this policy:

Include any terms used in the document (try to keep definitions the same as in other policies), unfamiliar or technical terms, or terms that have specialized meaning in this policy. Please list terms alphabetically.

- Click to enter definitions.

Process/Procedures

Insert the departmental website address where the procedures used to support this policy are located so that those affected by the policy clearly understand what they must do to comply and what your departmental processes are.

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Forms/Related Documents

Identify the form(s) which must be used to comply with the policy; explain the purpose of each form; provide a hypertext link to each form; please list the forms alphabetically.

Click to enter form names or related documents.

Appendices

Optional (include only if needed). Use this section to cite the location of lengthy or complex references that applies to a few people.

Click to enter names of appendices.

Approving Officer's Name(s)	Ricardo Azziz, MD, MPH, MBA
Signature(s)	
Title(s)	President, Georgia Regents University and CEO, Georgia Regents Health System
Date of Approval	

To be used by the Office of Compliance

Assigned Policy Number:	11.1.2
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Policy Website Address:	
Revision History:	
Next Review Date: (3 years from approval)	