



Upopolis Pledge

1. I have been invited to join the Upopolis social network. My username and password is mine and I will not share them with others under any circumstances. I will not use other users' passwords to gain access to the Upopolis system.
2. I understand that I must follow the Upopolis *Terms of Use*, and that I am subject to the Upopolis *Privacy Policy* when using the Upopolis social network (both available on the Upopolis site for review).
3. Posting any subject matter that is profane, slanderous or potentially offensive to others is not permitted and will result in a review of my privileges with the possibility of disabling my account.
4. Photos that I post will be respectful and appropriate. Photos of other patients or staff at the hospital can only be posted with their prior permission. Before posting any pictures, ask yourself whether or not you are violating anyone's privacy.
5. Upopolis is monitored through daily reports. If a concern about content posted on the site is identified, the situation will be addressed as quickly as possible and the appropriate parties involved will be notified.
6. I understand that it is the responsibility of myself and my parent/guardian to determine how I will use the Upopolis service, including but not limited to: who I contact, what I post, and what areas of the Upopolis site I access.

I agree to follow the above guidelines when using UPOPOLIS. I understand that if I fail to follow these guidelines, my user privileges may be revoked and I will not be able to access the site.

Patient Name (print): _____

Patient Signature

Date

Please leave lower portion with designated staff to have a user key generated. You will receive an email to activate your user key.

First Name: _____

Last Name: _____

Date of Birth (mm/dd/yy): _____

Email Address: _____

Emergency Contact Name and Number: _____

I agree to follow the guidelines that were attached when using UPOPOLIS. I understand that if I fail to follow these guidelines, my user privileges may be revoked and I will not be able to access the site.

Patient Signature

Date

Parent/Guardian Signature