



DEPARTMENT OF INFORMATION TECHNOLOGY
WOMEN DENTAL COLLEGE, ABBOTTABAD

Ref:No:WDC/IT/ 834

Date: 04 / 09 /2026.

**POLICY AND STRATEGY FOR LEGAL, ETHICAL AND SAFE USE OF
TECHNOLOGY**

1. Purpose

Women Dental College (WDC) is committed to ensuring the legal, ethical, secure, and responsible use of technology in teaching, learning, administration, clinical services, research, and communication.

2. Scope

This policy applies to all students, faculty, staff, clinicians, and authorized users of WDC's digital resources, including:

- Learning Management System (LMS)
- Microsoft 365 and institutional email
- WDC official website
- Secure institutional internet/network
- Hospital Information Management System (HIMS)
- Institutional computers and digital devices
- Approved software and online educational resources

3. Policy

3.1 Legal and Ethical Use

All users shall:

- Use institutional technology only for lawful and legitimate educational, clinical, administrative, and research purposes.
- Comply with applicable copyright, intellectual property, privacy, data-protection, and cybersecurity requirements.
- Maintain confidentiality of student, faculty, patient, and institutional information.
- Not engage in unauthorized access, hacking, cyberbullying, harassment, plagiarism, or misuse of digital resources.

3.2 Software Procurement and Approval

- Only legally licensed and institutionally approved software shall be procured and installed.
- Software procurement shall follow the authorized institutional procurement process.
- Pirated, unauthorized, or unlicensed software shall not be used.
- Software shall be assessed for security, privacy, licensing, functionality, and compatibility before approval.

3.3 LMS and Microsoft 365

- LMS and Microsoft 365 shall be used for authorized academic and institutional activities.
- Users shall keep passwords and account credentials confidential.

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- Institutional accounts shall not be shared.
- Digital educational materials shall be used and distributed in accordance with copyright and academic-integrity requirements.

3.4 WDC Website

- The WDC website should be used for authorized institutional information and communication.
- Website content shall be accurate, appropriate, current, and approved by the designated authority.
- Confidential or personally identifiable information shall not be published without authorization.

3.5 Secure Internet

- WDC's secure internet shall be used responsibly for educational, clinical, administrative, research, and other authorized purposes.
- Access to illegal, malicious, harmful, or inappropriate content through institutional networks is prohibited.
- Users shall follow institutional cybersecurity requirements.
- Phishing, malware, unauthorized access, or other security incidents shall be reported promptly.

3.6 HIMS

- HIMS shall be accessed only by authorized personnel for legitimate clinical and administrative purposes.
- Patient information shall be kept strictly confidential.
- Users shall access only information required for their assigned responsibilities.
- Patient information shall not be copied, photographed, downloaded, or shared through unauthorized channels.
- HIMS credentials shall remain confidential.
- Suspected breaches or unauthorized access shall be reported immediately.

3.7 Data Backup and Disaster Recovery

- Critical institutional and patient data, including HIMS records, shall be backed up on a regular, scheduled basis.
- A documented disaster-recovery plan shall be maintained to restore systems and data in the event of failure, cyberattack, or natural disaster.
- Backup and recovery procedures shall be tested periodically to confirm their effectiveness.

3.8 Social Media Use

- Students, faculty, and staff shall represent WDC responsibly and professionally when posting on social media in an institutional capacity.
- Patient information, clinical images, or confidential institutional data shall not be shared on social media under any circumstances.

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- Official WDC social media accounts shall only be managed by authorized personnel.

3.9 Use of Personal Devices (BYOD)

- Personal laptops, mobile phones, and other devices connecting to WDC's network or systems shall meet minimum security requirements.
- Institutional or patient data shall not be stored on personal devices without authorization and appropriate safeguards.
- Lost or stolen personal devices containing institutional data shall be reported immediately.

3.10 Third-Party Vendors and Contractors

- External vendors, contractors, and IT service providers with access to WDC's systems or data shall sign confidentiality and data-protection agreements.
- Vendor access to institutional systems shall be limited to the scope required for their assigned work and reviewed periodically.

4. TECHNOLOGY MONITORING AND IMPLEMENTATION STRATEGY

4.1 Governance and Responsibility

WDC shall designate responsible personnel/committees to oversee technology use and compliance.

Responsible areas may include:

- Administration/Principal/Dean – overall oversight
- IT/Computer Department – network, systems, cybersecurity, and technical monitoring
- Academic/Curriculum Committee – educational technology and LMS
- Hospital Administration/IT personnel – HMS access and patient-data security
- Department heads – monitoring compliance within their departments

4.2 User Awareness and Training

- Students, faculty, and staff shall receive orientation on responsible use of WDC's digital systems.
- Periodic training shall be conducted on cybersecurity, password protection, phishing awareness, privacy, confidentiality, copyright, and ethical use of technology.
- HMS users shall receive appropriate training regarding patient confidentiality and secure handling of clinical information.

4.3 Access Control

- User access shall be provided according to roles and responsibilities.
- Individual accounts and passwords shall be used wherever applicable.
- Access rights shall be reviewed periodically.
- Accounts of users who leave the institution or change responsibilities shall be modified or deactivated as appropriate.

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- Access for departing or role-changed users shall be deactivated or updated within a clearly defined timeframe, as specified in institutional offboarding procedures.

4.4 Monitoring and Audit

WDC shall periodically monitor and review:

- LMS usage and access
- Microsoft 365 and institutional email security
- Secure internet/network activity
- HIMS access and confidentiality compliance
- Software licensing and approved software
- Website access and published content
- Reported cybersecurity incidents

Periodic audits may be conducted to identify risks, unauthorized access, policy violations, and areas requiring corrective action.

4.5 Incident Reporting and Response

A mechanism shall be maintained for reporting:

- Data breaches
- Unauthorized system access
- Phishing and malware
- Loss or misuse of institutional devices
- Patient-data confidentiality violations
- Misuse of institutional accounts or networks

Reported incidents shall be investigated by the appropriate authority and corrective/preventive measures shall be implemented.

4.6 Corrective and Preventive Measures

Depending on the nature of the violation, WDC may:

- Provide additional training or counseling.
- Restrict or suspend system access.
- Require corrective action.
- Refer serious violations to the appropriate institutional authority.
- Review and strengthen existing security measures to prevent recurrence.

4.6.1 Grievance and Appeal Mechanism

- A user against whom a technology-misuse allegation is made shall have the right to be informed of the allegation and to respond before final action is taken.
- Users shall have the right to appeal a corrective or disciplinary decision to the appropriate institutional authority within a defined timeframe.
- Grievances and appeals shall be handled fairly, confidentially, and in a timely manner.

4.7 Periodic Review

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This policy and strategy shall be reviewed at least annually or whenever significant changes occur in technology, cybersecurity risks, legal requirements, or institutional systems.

4.8 Documentation and Evidence

WDC shall maintain appropriate records as evidence of implementation, including:

- Approved technology policy
- Software procurement/approval records
- LMS and Microsoft 365 guidelines
- HMS access and confidentiality guidelines
- User training/orientation records
- Cybersecurity awareness records
- System/access review reports
- Incident reports and corrective-action records
- WDC website approval/monitoring records
- Periodic technology audit reports

5. Key Performance Indicators (KPIs)

Area	Monitoring Indicator
User training	Percentage of students/staff receiving technology and cybersecurity orientation
Software	Percentage of institutional software that is licensed and approved
Access control	Periodic review of active user accounts and access privileges
HIMS	Compliance with authorized access and patient confidentiality
Cybersecurity	Number and resolution of reported security incidents
LMS	Availability and appropriate use of LMS
Microsoft 365	Secure use of institutional accounts
Website	Regular review and approval of website content
Internet	Compliance with secure-internet usage requirements
Review	Annual review of technology policy and implementation

6. Approval:

Policy Approved By: _____

Signature & Seal: _____

Principal/ Dean
Women Dental College
Abbottabad

Designation: Prof. Dr. Shahid Khan

Principal, Women Dental College..

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