

AUTOMATED STATUS VERIFICATION SYSTEM (ASVS)

~Special Security Agreement~

I understand that all client information contained in the Division of Public Assistance EIS database and sources from other agencies via EIS interfaces and Internet providers is confidential. I agree not to disclose any information regarding persons who have applied for, have received, or who are receiving Public Assistance to any unauthorized group or individual; or to any person for any purpose other than the administration of Public Assistance or Medicaid programs.

I will protect all client related information made available to me through interfaces, other agencies or the Internet, whether this information is obtained via direct computer access, hard copy documents, on-line viewing, or any other means of communication.

I understand and agree to comply with the U.S. Citizenship & Immigration Services (USCIS) requirements to protect confidential client information from unauthorized use or intentional destruction.

I understand that I may only use a workstation and Internet access for those specific functions I have been authorized to use.

I understand that my User ID and Network passwords are confidential and may not be kept in written form in unsecured areas. I understand that I am the only one allowed to use my assigned passwords. If I suspect anyone else has knowledge of my passwords, I will report it immediately to my supervisor, the EIS Security Officer, or Network Services.

I understand that whenever I leave my workstation and am not in close proximity, I must sign off from my access to the Network and lock my workstation.

I have read this entire Security Agreement and consent to abide by it. Also, I certify that I have read, understand and will comply with the Systems Operations and Network Services Security Manual, the DHSS Division of Administrative Services Policy and Procedure Manual Section 810, the Use of Department Office Technologies Form, and the State of Alaska ethics policy. Furthermore, I understand that I may be prosecuted if I use EIS or Internet services for fraudulent purposes.

I understand that any violation of this agreement may result in disciplinary action; which may include discharge from duty.

Employee Name (Print):	Employee Signature:	Date:
Job Title:	Location:	Team:
E-Mail Address:	Direct Phone Line:	
Supervisor's Name:	Supervisor's Signature:	