

**STATE OF ALASKA**

Department of Health and Social Services Division of Public Assistance / Systems Operations and Network Services

**DIVISION of PUBLIC ASSISTANCE SECURITY AGREEMENT FOR  
ARIES, EIS, NETWORK, AND RELATED SYSTEMS**

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 programs.

I will protect all client and/or related information made available to me through interfaces, other agencies, and/or the Internet whether this information is obtained via **ARIES, EIS**, Case Management System (**CMS**), Integrated Child Care Information System (**ICCIS**), direct computer access, hard copy documents, on line viewing, or any other means of communication. This includes, **but is not limited to**, information from the Internal Revenue Service; the Social Security Administration; the Departments of Labor, Revenue and Administration; Public Access Information; and any future information interfaces or Internet services that may be developed.

I understand and agree to comply with the Child Support Services Division (**CSSD**) requirement to protect confidential client information from unauthorized use or intentional destruction.

I understand that I may only use the workstation and Internet access for those specific functions of my job duties.

I understand that my 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 will change my passwords at that time.

I understand that whenever I leave my workstation and am not in close proximity, I must sign off from my access to EIS 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](#), [DHSS VPN Request](#) 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 termination of employment.**

Access Requested: <input type="checkbox"/> ARIES <input type="checkbox"/> EIS <input type="checkbox"/> CMS <input type="checkbox"/> ICCIS <input type="checkbox"/> INGENS <input type="checkbox"/> IVR <input type="checkbox"/> WebConnect <input type="checkbox"/> Document Direct <input type="checkbox"/> VPN Account <input type="checkbox"/> WIC Spirit	Email:  Employee's Phone Number:	
Employee Full Name (First, M.I., Last):	PCN:	Job Title and location:
Employee Signature:	Dept/Division	Functional Team <i>(if applicable)</i>
Supervisor Name (Printed):	Supervisor Title:	
Supervisor's Signature:	Date:	
CMS/ICCIS Profile (check all that apply): <input type="checkbox"/> Case Manager <input type="checkbox"/> LA <input type="checkbox"/> LS <input type="checkbox"/> PASS I <input type="checkbox"/> PASS 2/3 <input type="checkbox"/> Supervisor <input type="checkbox"/> Other _____	ARIES/EIS Security Office Use Only EIS Profile: _____ FSO: _____ ARIES Profile: _____ UPT: _____ SOLQ: _____	

**NEW ACCOUNT**     
  **CHANGE EXISTING ACCOUNT**     
  **DELETE ACCOUNT**

Email forms to: [EISHELP@alaska.gov](mailto:EISHELP@alaska.gov) or Fax to: 907-269-6501