

Service Provider Computer Security Agreement (Non-State Workers)

I understand that all client information contained in the State of Alaska, Division of Public Assistance database and sources from other agencies via 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 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 that I may only use the workstation and Internet access for those specific functions of my official 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 and the EIS Help Desk and I will immediately change my passwords.

I understand that whenever I leave my workstation and am not in close proximity, I must sign off from my access 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 Network Services Security Manual. Furthermore, I understand that I may be prosecuted if I use systems for fraudulent purposes.

I understand that any violation of this agreement may result in disciplinary action; which may include termination of my contract/grantee agreement with the State of Alaska.

Access Requested: <input type="checkbox"/> ARIES <input type="checkbox"/> EIS <input type="checkbox"/> CMS <input type="checkbox"/> ICCIS <input type="checkbox"/> WebConnect <input type="checkbox"/> Document Direct	Business e-mail: Employee's Phone Number:	
Employee Full Name (First, M.I., Last):	Job Title/Location	IP Address
Employee Signature:	Service Provider/Office:	Service Area/JAS CARC:
Supervisor Name (Printed):	Supervisor Title:	
Supervisor's Signature:	Date:	
DPA Sponsor Name:	DPA Sponsor 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: _____ LDAP: UPT: PCN: _____ SOLQ:	

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

Email copy of forms to: dpa.system.support@alaska.gov or FAX to (907) 269-6501