

SPIRIT User Security Agreement

STATE OF ALASKA

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

Women, Infants and Children (WIC) Program

I understand that all information contained in the WIC SPIRIT database, SPIRIT Utilities, and MOV sub-system is confidential. I agree not to disclose any information regarding persons who have applied for, have received, or who are receiving WIC Program services to any unauthorized group or individual; or, to any person for any purpose other than the administration of the WIC Program.

I will protect all participant and/or related information made available to me through interfaces, other agencies, and/or State of Alaska sponsored password-protected websites whether this information is obtained via the WIC SPIRIT database, SPIRIT Utilities, MOV sub-system, websites, direct computer access, hard copy documents, on line viewing, or any other means of communication. This includes, but not limited to, information from other WIC Program grantees or WIC agencies outside Alaska, and any future information interfaces or Internet services that may be developed.

I understand that I may only use my access to State of Alaska systems and data for 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. I will not share my password with anyone, to include co-workers, supervisors, IT staff members, and other grantees or contractors. If I suspect anyone else has knowledge of my password, I will report this immediately to my supervisor and the WIC SPIRIT Help Desk, and I will immediately change my password.

I understand that whenever I leave my workstation and am not in close proximity, I must exit SPIRIT 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 security and privacy provisions of my agency's WIC grant. Furthermore, I understand that I may be prosecuted if I use systems for fraudulent purposes. This can include, but is not limited to, termination of my SPIRIT access.

I have read and will abide by the SPIRIT Security & Electronic Infrastructure policy included in the State of Alaska Policy & Procedure manual, located at <http://dhss.alaska.gov/dpa/Pages/nutri/wic/administration/adminpandp-manuals.aspx>.

I understand that any violation of this agreement may result in disciplinary action, which may include termination of my agency's grantee agreement with the State of Alaska.

Prior to requesting access to the SPIRIT database, completion of the online SPIRIT modules is required for the appropriate role requested. Completion of this training is essential to reduce the risk of errors, poor SPIRIT habits, & additional workload for the local agency, state of Alaska office and SPIRIT Help Desk.

I agree to comply by this agreement, and have completed the required online WIC SPIRIT training. ***Initial Here:*** _____

Select an Action:

- Change Existing Account
 New Account

Is this staff member replacing a previous SPIRIT user? Previous user's name: _____

Select Role(s):

- Clinic Coordinator
 CPA Nutritionist
 CPA-In-Training
 Breastfeeding Peer Counselor
 Office Staff
 Intern
 IT Support
 Contractor
 Other (please define): _____

State of Alaska employees only:

- Program Staff
 Finance/Accounting
 IT Support
 Contractor
 Public Health
 Other (please define): _____

Employee name (printed):	Job Title:	Date of request:
Employee signature and date signed:	Email:	Employee phone number:
Supervisor name (printed):	Supervisor title:	Grantee/WIC Clinic:
Supervisor signature and date signed:	WIC Program Office approval:	