

**Service Provider Computer Security Agreement**  
**STATE OF ALASKA**  
 Department of Health and Social Services  
 Division of Public Assistance / Systems Operations  
**Women, Infants and Children (WIC) Program**  
 (Non-State Workers)

I understand that all client information contained in the State of Alaska WIC SPIRIT database and data sources from any other State or WIC grantee agencies, interfaces, and State of Alaska sponsored password-protected websites (such as SharePoint sites) 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 client 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 system, websites, direct computer access, hard copy documents, on line viewing, or any other means of communication. This includes, **but is 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. If I suspect anyone else has knowledge of my passwords, I will report it immediately to my supervisor and the WIC SPIRIT 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 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.

**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.**

**New Account**

**Change Existing Account**

**Delete Account**

Access Requested: <input type="checkbox"/> WIC SPIRIT System <input type="checkbox"/> Other _____	Email: City: Employee's phone number:	
Employee name (printed):	Job Title:	Date of Request:
Employee signature:	Grantee & office/WIC clinic:	
Supervisor name (printed):	Supervisor title:	
Supervisor's signature:	Date signed by supervisor:	
Profile (check all that apply): <input type="checkbox"/> Local Agency/Clinic Coordinator <input type="checkbox"/> CPA /Nutritionist <input type="checkbox"/> Breastfeeding Peer Counselor <input type="checkbox"/> WIC office staff	WIC Program Office Approval	

Email copy of signed form to [amy.george@alaska.gov](mailto:amy.george@alaska.gov) or fax to (907) 465-3416