

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

EXTERNAL USER AFFIRMATION STATEMENT

I understand that all users who have access to the AHCCCS computer network and data are bound by applicable laws, rules and AHCCCS directives, including but not limited to, AHCCCS Administrative Policies and Procedures, AHCCCS Privacy and Security Policies (HIPAA), ARS 13-2316, ARS 41-770, and ARS 38-448.

Use of AHCCCS Data:

- I will share (i.e., verbal, hardcopy, electronic) AHCCCS data only with people who are authorized to receive the data.
- I will only access/add/change/copy/delete AHCCCS data related to my assigned job duties.
- I will never use AHCCCS data for non-work related purposes.

Logon IDs and Passwords:

- I will never use another person's AHCCCS Logon ID and password.
- I will never ask another person to reveal his/her AHCCCS Logon ID and password.
- I will never reveal my AHCCCS Logon ID and password to anyone, at any time.
- I understand that no one else may use my AHCCCS Logon ID and password and that I am responsible for all actions taken with my Logon ID.

Use of State Resources:

- I will use state equipment in a legal and ethical manner.
- I understand that the use of equipment provided by the agency is subject to monitoring.

Use of Software:

- I will not download or install computer software. Only ISD Network Services has the authority to install and license software.
- Unless authorized, I do not have the right to copy, change or distribute computer software or its related documentation.

Misuse of Equipment, Software or Data:

- I understand that if I become aware of any misuse of AHCCCS equipment, software or data I must promptly notify AHCCCS ISD Customer Support at 602-417-4451.
- I understand that AHCCCS will take appropriate action to ensure that applicable federal and state laws, regulations, and directives governing confidentiality and security are enforced.
- I understand that the misuse of AHCCCS equipment, software or data may result in prosecution or disciplinary action if I am an employee of another state agency.

My signature below confirms that I have read and understood this form. I accept responsibility for adhering to all applicable laws, rules, and AHCCCS directives. Failure to sign this statement will mean that I will be denied access to AHCCCS data, computer equipment, and software.

Print Legal Name of User (Last, First, M.I.)	Signature	Date