

USER AFFIRMATION STATEMENT

Please read in entirety BEFORE completing the Affirmation on Page 2.

Prior to receiving initial system access, DES employees, or contractors that use DES equipment or a DES network, or are housed in a DES office will read, sign, and send in this User Affirmation Statement (J-129-FF) to their respective security contact. Also within 21 days each user will complete the DEISA1005 Initial Training CBT, keep a copy of your course completion certificate (contact your security representative for more information on how to complete the CBT). Each user will also read the security documents referenced in this document, which are available in hard copy form or via the DES intranet, within 21 days of being granted system access.

On an annual basis, each DES user is required to complete the Recertification Security Awareness training CBT (DEISA1001). After completing the recertification CBT, this "User Affirmation Statement" will appear for the user to read. After reading this form, the user will affirm to the DES requirements by clicking the appropriate button. Confirmation of electronically accepting this document will be automatically saved.

WHEN ASKED TO DO SO, the user will fill in the Affirmation section on page 2 (electronically fillable), print out, sign, and mail the signed document to the respective division or program data security office. This statement applies to signing a paper copy of this document "when asked to do so" such as at your initial employment, as opposed to the standard electronic signature method.

Some (but not all) prohibited actions are listed below:

- Revealing DES data to any person or persons outside or within the Department of Economic Security who have not been specifically authorized to receive such data;
- Attempting or achieving access to DES data not related to your job duties;
- Entering, altering or erasing DES data for direct OR indirect personal gain or advantage;
- Entering, altering or erasing DES data maliciously or in retribution for real or imagined abuse, for personal amusement or any other unauthorized or improper use;
- Using DES terminals, printers and other equipment for other than work related or DES approved acceptable uses.
- Using another person's personal DES logon ids, user ids or passwords;
- Revealing your personal DES logon ids, user ids or passwords to another person;
- Asking another user to reveal his/her personal DES logon ids, user ids or passwords.

Reference Material: If you wish to obtain additional information on security literature, the Information Security Administration has a booklet that contains a summary of the Computer Security Act 1987, a summary of the HIPAA Privacy Rule, a summary of applicable DES Policies, and the complete statutes ARS 41-1959 Confidential Information, ARS 38-448 access to internet pornography prohibited and ARS 13-2316 Computer Tampering. This booklet is available on the DES Intranet and can be obtained from the DES Information Security Administration (ISA) at 602-771-2670 and all DES Division and Program Data Security Offices.

A violation of these requirements or any misuse of DES property including computer programs, equipment, and data, may result in withdrawal of individual access privileges and prosecution in accordance with any applicable provision of law including ARS 13-2316.

STATEMENTS OF UNDERSTANDING change in order of document

I understand that all personnel who have access to DES data are bound by applicable federal and state laws and DES policies and are responsible for DES data. I agree to abide by all applicable federal and state laws and DES policies.

- I will protect all data, in any format (e.g. electronic, paper, etc.), while in my possession or use, to the best of my abilities;
- I will ensure that if it is necessary and allowed, that data will be destroyed by complying with all applicable laws, statutes, polices, and directives;
- In relation to my responsibilities regarding the proprietary rights of the authors of computer software utilized or provided by DES, I recognize that:
 - DES pays to license the use of computer software and does not own this software or its related documentation and, unless authorized by the software developer and DES IT management, does not have the right to reproduce it. I must use software in accordance with the license agreement, including not making unauthorized copies. I must report knowledge of any misuse of software or related documentation protected under copyright laws to my manager/supervisor, the Division or Program Security Analyst, or the Information Security Administration;
 - When necessary to use another organization's information system, I agree to adhere to that organization's policies and procedures.

See reverse for EOE/ADA disclosure

STATEMENTS OF UNDERSTANDING (continued)

ELECTRONIC MAIL AFFIRMATION (E-Mail Usage Policy # 1-38-0035)

I have read and understand the DES E-Mail Usage Policy (# 1-38-0035) or summary and I agree to comply with all terms and conditions of this policy. I understand and agree that all network and information systems activity, conducted with state/agency resources, is the property of DES and the State of Arizona. I understand that DES reserves the right to monitor and log all network activity, including electronic mail, with or without notice. I have no expectation of privacy in the use of these resources.

ACCEPTABLE USE AFFIRMATION (Acceptable Use Policy # 1-38-0029)

I have read and understand the DES Information Technology (IT) and Office Equipment and Resources Acceptable Use Policy (# 1-38-0029) or summary and I agree to comply with all terms and conditions. I agree to follow acceptable use guidelines and refrain from all unacceptable uses.

ARIZONA REVISED STATUTE ARS 38-448 (Access Pornography Prohibited) AFFIRMATION

I have read and understand the ARS 38-448 and agree to comply with all terms and conditions. I agree not to utilize Agency computer equipment to access internet pornography as defined.

HIPAA (Health Insurance Portability & Accountability Act) AFFIRMATION

I shall safeguard the privacy of protected health care information belonging to persons served by a DES HIPAA covered component. I understand that protected health information is defined in federal law at 45 C.F.R. Part 164 and includes past, present and future client health care information which is individually identifiable and that is transmitted or maintained in any form or medium.

These protections are in addition to any existing under ARS 41-1959 or other relevant Arizona law, unless the Arizona law affords more protection to the protected health information in general, or more access to the protected health information by the client.

I understand that DES will take appropriate action to ensure that applicable federal and state laws and DES policies governing confidentiality and security are enforced. A violation of these requirements or misuse of DES property including computer programs, equipment, and data, may result in withdrawal of individual access privileges and prosecution in accordance with any applicable provision of law including ARS 13-2316.

My signature below confirms that I have read and understand this User Affirmation Statement (both pages) and accept responsibility for adhering to all applicable laws and DES policies and the above listed affirmations.

AFFIRMATION

EMPLOYEE'S LEGAL NAME <i>(Print or type)</i>		PHONE NO.	LOGONID <i>(Ex: D0xxxx)</i>
EMPLOYEE'S EIN NO.	DIVISION/ADMINISTRATION/PROGRAM OR ORGANIZATION NAME		
EMPLOYEE'S SIGNATURE <i>(When asked to do so)</i>		DATE	
WITNESSES SIGNATURE <i>(When asked to do so)</i>		DATE	
SUPERVISOR'S LEGAL NAME <i>(Print or type)</i>		PHONE NO.	SITE CODE
SUPERVISOR'S SIGNATURE <i>(When asked to do so)</i>		DATE	

Routing: Original – Security Analyst; Copy – Employee; Copy – Supervisor

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-771-2670; TTY/TDD Services: 7-1-1. Disponible en español en línea.