

State of Alaska  
Department of Health & Social Services  
Division of Senior & Disabilities Services

**SAMS Harmony for Aging Information Privacy and Security Agreement**

I understand that all client information collected, recorded, stored and contained in the Harmony for Aging electronic integrated software system, including the SAMS Harmony for Aging database and sources from other agencies via SAMS is confidential. I agree not to use or disclose any information regarding all persons whose information is entered in the database, who have received, or who are receiving services, to any unauthorized group or individual; or to any person for any purpose other than the administration of Division of Senior and Disabilities Services programs or with appropriate written authorization from the client or the client's legal representative.

I will protect all client information and related confidential information made available to me in all its forms whether this information is obtained via SAMS Harmony for Aging, hardcopy documents, on line viewing or any other means of verbal, physical or electronic communication, and throughout its life cycle (origination, entry, processing, distribution, storage, and disposal). This includes, but is not limited to information from the Social Security Administration, the Department of Health and Social Services, Divisions of Health Care Services and Senior and Disabilities Services, the Departments of Labor, Revenue, Law and Administration, the Internal Revenue Service, and any future information interfaces or Internet systems or services related to SAMS Harmony for Aging that may be developed.

Ensuring for the protection of information includes agreeing to implement and use appropriate safeguards to prevent unauthorized access or use of equipment and software used to process, store, and transmit confidential information. I understand that my workstation must be located in a secure location when in use. I understand that whenever I leave my workstation and am not in close proximity, I must sign off from my access to SAMS Harmony for Aging.

I understand that my SAMS Harmony for Aging User IDs and 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 Division of Senior and Disabilities Services administrator. I will request a new User IDs and passwords to SAMS Harmony for Aging at that time.

I agree to promptly notify my supervisor and the Division of Senior and Disabilities Services administrator of any suspected or actual breach of security, intrusion or unauthorized access, use or disclosure of client or related confidential information.

I have read this entire Agreement and consent to abide by it. I understand that unauthorized use or disclosure of confidential information may subject me to disciplinary action, prosecution, and personal, civil, and/or criminal liabilities and legal penalties.

**FAX this form to 465-1170**

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Provider Organization

Program:  NTS    NFCSP    SIH    ADS

\_\_\_\_\_  
Printed Name of Individual Responsible for User ID and Password

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Responsible Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title of Supervisor

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date