

HARMONY RULES OF BEHAVIOR

The "Rules of Behavior" delineated below pertain to all persons who utilize the Harmony system which is an IT resource of the State of Alaska, Department of Health and Social Services.

As a customer and user of HSS IT resources, I understand that I am responsible for adhering to the additional rules listed below:

- 1.** Computer system(s) for which you are requesting or have been issued an account, may only be used for official and approved HSS/SDS and HSS/HCS business.
- 2.** All software on the IT resource is protected in accordance with HSS security and control procedures which will be adhered to.
- 3.** Use of these IT resources gives consent for monitoring and security testing to ensure proper security procedures and appropriate usage are being observed for HSS IT resources.
- 4.** HSS IT resources will not be used for fraudulent, harassing or obscene messages and/or materials.
- 5.** Tampering with another user's account, files, data or processes without the other user's express permission, use of the system resources for personal purposes, or other unauthorized activities is strictly prohibited and will result in termination of access privileges.
- 6.** Logon ID's and passwords may never be transferred or shared for any reason.
- 7.** Group ID, and group passwords are prohibited.
- 8.** Passwords:
 - a.** will be a minimum of 8 alphanumeric characters and must contain a letter, a number, and a symbol;
 - b.** will be memorized and not written down;
 - c.** will be changed at least every 90 days;
 - e.** will not be stored in keyboard macros, script, or batch files;
 - f.** will not consist of personal ID data or be easily guessable;
- 9.** Tampering or reverse engineering of the IT resource is prohibited.
- 10.** Any unauthorized penetration attempt, unauthorized system use, or virus activity will be reported to your supervisor, division director, system administrator and IT Security Officer.

11. When access is no longer required to these IT resources, notify appropriate responsible parties and make no further attempt to access these resources.

12. Failure to adhere to these rules or subvert these rules may constitute grounds for termination of access privileges, administrative action, and/or civil or criminal prosecution.

13. HIPAA Training must be completed prior to receiving access to Harmony. To access the HIPAA training website, please contact Edwell John Jr. at (907) 465-4696 or at edwell.john@alaska.gov to receive your login ID and password. After receiving your login ID and password, please go to: <http://hsstraining.alaska.gov/>. Once you have accessed the HIPAA training website, you will then click on "Employee ID". You will then enter your Login ID (Employee ID number), and your password. Once you have completed the training, please attach a copy of your certificate to the Harmony access form.

Harmony System Use - Acknowledgement Statement

Unauthorized use of the computer accounts and computer resources to which I am granted access is a violation of HSS network and system security policy; constitutes theft; and is punishable by state and federal law. I understand that I am the only individual to access these accounts and will not knowingly permit access by others without written approval. I understand that my misuse of assigned accounts and my accessing others' accounts without authorization is not allowed. I understand that this/these system(s) and resources are subject to monitoring and recording. I further understand that failure to abide by these provisions may constitute grounds for termination of access privileges, administrative action, and/or civil or criminal prosecution.

Current Job Title:

Name of Person Whose Harmony Access Your Access Should Emulate:

Are you a: ☐ Qualified Intellectual Disabilities Professional (QIDP) ☐ Registered Nurse (RN)
☐ Contractor ☐ Provider ☐ System Administrator
☐ SDS Employee ☐ SOA Employee (Not at SDS)

System User's Signature

Date Signed

Please Print

System User's Full Name: (First, MI, Last)

Phone Number:

Fax Number:

Employer/Affiliation/Organization/Code: (Example- SOA\DHSS\DSDS\RAU)

Location or Address:

Email Address:

Supervisor's Name:

Phone Number:

Please return this completed form & your HIPAA training certificate to:

DSDASPHelp@alaska.gov