

**MONTANA PUBLIC HEALTH LABORATORY
LABORATORY PORTAL USER AGREEMENT AND ATTESTATION**

CONFIDENTIALITY/CONSENT STATEMENT: (To be read and signed by the individual requiring access.)

I hereby certify that I am entitled to the confidential information to which I am requesting access. I further certify that my use of the system and disclosure of confidential information is governed by and subject to applicable state and federal privacy laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as codified at 42 U.S.C. § 1320d-d8, and the Health Information Technology for Economic and Clinical Health Act (the HITECH Act), as codified at 42 U.S.C. §§ 300jj et seq. and §§ 17901, et seq. and the implementing regulations for the two acts at 45 CFR Parts 160, 162 and 164.

I will not share my user credentials or allow anyone else access to the system under my login. I will not access the system for anything other than the purpose for which I am being granted access.

I will not attempt to access the system if my job functions change to no longer require access or if I am no longer working for the employer who has authorized me to access the system.

I agree that the system is the property of the State of Montana. As such I will not share proprietary system information with anyone not authorized to use the system.

I understand that a violation of this agreement may result in a report being made to my employer, the termination of my access privileges and/or referral for enforcement action as permitted under state and federal law.

I understand the State reserves the right to monitor and log all system activity, and I acknowledge my use of the system may be tracked and recorded.

Location/Practice: _____

Printed Name: _____

Signature: _____ Date: _____

The user signing this form must be listed on an accompanying Access Authorization Form signed by an authorizing individual for this facility.

Completed forms should be faxed to (406) 444-1802 or e-mailed to HHSLIMS@mt.gov