

Acute RFP CYE '09

Affirmation Statement to Obtain Access to Data Supplement Information

"I affirm that I am an employee, agent, business associate, or other authorized representative of a health plan (as defined in 45 Code of Federal Regulations section 160.103), and, on behalf of that health plan, I am requesting access to protected health information (as defined in 45 Code of Federal Regulations section 160.103) for the purpose of evaluating and/or preparing an offer in response to Request for Proposal No. YH09-0001."

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.

- 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.

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 and Software:

- 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.
- I will not download or install computer software.
- Unless authorized, I do not have the right to copy, change or distribute computer software or its related documentation.

Misuse of Data:

- I understand that if I become aware of any misuse of AHCCCS 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.

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.

Printed Name and Signature

Title

Phone number

Organization

e-mail address

Organization Representing (if applicable)

Fax to Celia Rodriguez Fax: (602) 256-6421 Phone: (602) 417-4830
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Date

For Internal Use Only:

CD Provided to Bidder _____
 User ID for Web _____
 Password for Web _____