

## **LabOnline User Agreement**

Alaska State Public Health Laboratory Alaska State Virology Laboratory Email:help.aklabonline@alaska.gov

## Email Completed Form to: help.aklabonline@alaska.gov

By signing this Agreement, the user agrees to the following items:

- 1. You will use only your own login credentials provided to you by ASPHL. You will not share, distribute or otherwise divulge your username and password to any other individual, including co-workers or supervisors. A DHSS employee is not authorized to ask for your password, so if they do you will report them to <a href="https://hss-security@alaska.gov">https://hss-security@alaska.gov</a>.
- 2. You will not login with another user's login and password.
- 3. You will follow proper logon/logoff procedures.
  - a. You must type in your username and password manually; do not store you password in your browser or use a password manager or any other automated logon capabilities.
  - b. You must promptly logoff when session access is no longer needed. If a logoff function is unavailable, you must close your browser.
  - c. Never leave your computer unattended while logged into the system. When you need to walk away from the computer, log out of the ASPHL Web Portal or close your browser.
- 4. You will not retrieve information for, or in any other way disclose information to, someone who does not have authority to access that information. Only access test results required by your employer.
- 5. You will report to <a href="https://example.com/hss-security@alaska.gov">hss-security@alaska.gov</a> if anyone views ASPHL clients from an organization other than your employer.
- 6. You will not browse, search for or reveal information hosted by LabOnline except in accordance with that which is required to perform your legitimate tasks or assigned duties.
- You agree your access to LabOnline is subject to compliance with all federal state and local laws, regulations and ordinances, including Health Insurance Portability and Accountability Act (HIPAA) and the Alaska Personal Information Protection Act (APIPA) regarding confidentiality of information.
- 8. You will not take an action that may directly or indirectly result in a breach of security of the web portal or disable the web portal.
- 9. You recognize that ASPHL will monitor use of the web portal by individual users and that laboratory reports can be modified solely by ASPHL. You recognize that your use of the web portal may be audited and investigated by ASPHL and the DHSS Security Office without notice.

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or computers with access to the ASPHL web portal, improper or suspicious acts like using another person's password) related to this application to hss-security@alaska.gov. **LabOnline User Access:** ☐ Order Tests ☐ Receive/Review Patient Test Reports ACCEPTANCE AND SIGNATURE I have read the above LabOnline User Agreement. By my signature below, I acknowledge and agree that my access to LabOnline is covered by, and subject to, such Rules. Further, I acknowledge and accept that any violation by me of these Rules may subject me to civil and/or criminal actions and that ASPHL retains the right, at its sole discretion, to audit, terminate, cancel or suspend my access rights to the LabOnline at any time, without notice. **User Signature** Date **Print Name** Title **Email Address Your Organization** State of Alaska internal use: State of Alaska LAB Signature Date Title **Print Name** 

10. You will expeditiously report all security incidents or suspected incidents (e.g., hacked accounts

User accounts will be disabled after 90 days of inactivity.

Any changes of access must be done in writing to the email address above.