

ALASKA CHILD SUPPORT ENFORCEMENT DIVISION

External User Confidentiality Acknowledgment Client Information and Limitations of Access to CSED's ACSESS System

Access to the Child Support Enforcement Division (CSED) ACSESS computer system has been requested for your position. By providing access to you, you will have access to client information contained in CSED's ACSESS computer system and case files.

All client information contained in ACSESS and in case files is confidential. As a condition of employment, you agree not to access ACSESS and case files for your personal interest or use. In addition, you agree not to disclose any client information for any purpose other than in the performance of your job duties. You must also agree to protect access to the ACSESS system and assure that unauthorized individuals do not obtain access to the system through your actions.

You must protect client information received from other government agencies, whether the information is in ACSESS, via direct computer access, from hard copy documents, or other means of communication. This includes but is not limited to information from the Internal Revenue Service, the Social Security Administration, and the State departments of Health and Social Services, Labor, Revenue, Public Safety and Administration.

The passwords you have been given to access the LAN, ACSESS and other agencies' computer systems are confidential and may not be written down or used by other people. If you suspect anyone else is using any of your passwords report it immediately to your supervisor and change your passwords at that time.

Further, you must not access or release any client information when it is:

- Not part of your caseload assignment;
- Not related to your duties as a customer service representative;
- A case in which you are a personal acquaintance to one of the parties; or
- A case in which you are a party.

Employees must advise their immediate supervisors of any case in their caseload assignment when they are a party to a child support case that is receiving child support enforcement services or are personal acquaintances with a case party.

If you have a child support case or possible case conflict with CSED, please disclose the name, relationship, and/or case number below.

Name: _____ Relationship/Case #: _____

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Name: _____ Relationship/Case #: _____

By reading and signing this entire Acknowledgment, you agree to abide by it. Any violation of this acknowledgment or this division's policies regarding confidentiality and disclosure of information or computer access may result in disciplinary action, which may include immediate dismissal from employment. Civil penalties and/or criminal charges may be also brought against you.

Employee Printed Name and Job Title	Employee Signature	Date
Department/Division		Employee Phone Number
Supervisor Printed Name and Job Title	Supervisor Signature	Supervisor Phone Number

CSED ACSESS WORKORDER

Today's Date: _____

Date Required: _____

Note: Orders will be processed in the order received and based on departmental priorities. **Allow a minimum of 3 working days.**

REQUEST TYPE:

☐ New Account ☐ Change Existing Account ☐ Delete Account

Print Clearly

Last Name		First Name		M.I.	Email Address	Work Phone
Title (Please write out-do not abbreviate)		Division/Section			City	
Name of Supervisor (please print)		Work Phone (Supervisor's)		Supervisors Signature (Important)		

Access Type

☐ CSED Employee ☐ CSED Investigator ☐ HSS Employee ☐ Other (please explain):
☐ CSED Contractor ☐ LAW Employee ☐ HSS Sponsored (non SOA)

Same Permissions As (CSED only - please include name):

Business Need (Not required for CSED employees)

I have completed all of the documents and training required for ACSESS access. I understand that failiure to submit a complete packet will result in a delay to access being granted.

Employee
Signature _____

Date _____

Submit completed and signed document to
dor.csed.helpdesk@alaska.gov