

MONTANA PUBLIC HEALTH LABORATORY

LABORATORY PORTAL LOCAL ADMIN ATTESTATION

Local administrative privileges for the MTPHL Online Laboratory Portal have been requested on your behalf (*the user signing this form must be listed on the Access Authorization form signed by an authorizing individual for this facility*).

Local administrative privileges allow you to create and maintain user accounts within your assigned practice and/or location.

This document outlines the expectations of local administrative users. By signing below, you are attesting that you will adhere to these as the responsibilities of being a local administrative user.

As a local administrative user, I attest to the following:

- I will attain the appropriate authorization before creating any user account (this includes a signed access authorization form and user attestation).
- I will forward the completed access authorization form and user attestation(s) to MTPHL as instructed on the form within 2 business days.
- I will assign only roles to users that align with their job duties as requested on the Access Authorization form. These are limited to order entry and/or results.
- I will not attempt to assign the local admin role; but will instead forward these requests to MTPHL.
- I will enforce the practice of not sharing user credentials among users. Each individual accessing the laboratory portal must do so with their own credentials.
- I will serve as a local resource for users who need assistance logging in, including re-setting passwords and unlocking accounts as needed (users may also contact MTPHL for this).
- I will inactivate user accounts upon users' termination of employment or reassignment to a job for which access is no longer required.
- I will participate in reviews of active user accounts every six months to assure only current employees have access to the system. These reviews will be initiated by MTPHL sending a list of active users assigned to my practice/location.

I understand that any violation of these provisions may result in termination of access privileges and/or recommendation for prosecution for non-compliance with state and federal confidentiality provisions.

Location/Practice: _____

Printed Name: _____

Signature: _____ Date: _____

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