

**MONTANA PUBLIC HEALTH LABORATORY  
LABORATORY PORTAL USER 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 will not release the confidential information to others unless it is in alignment with applicable state and federal confidentiality provisions, including HIPAA laws.

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 this employer.

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 these policies may result in a report being made to my employer, the termination of my access privileges and/or recommendation for prosecution for non-compliance with state and federal confidentiality provisions.

I understand the State reserves the right to monitor and log all system activity, and I therefore acknowledge my use of the system will 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**