



CAREWare/VPN User Agreement

Agency: _____ Employee: _____

Job Title: _____ Email address: _____

Phone number: _____ VPN Number (if applicable): _____

I have received a copy of and agree to comply with the "OET Remote Access Request Form" terms and the Maricopa County Policy: "Acceptable Use of County Technology Resources" (#A1609). I understand that my privileges to access CAREWare will be revoked if I violate the provisions of either of these documents.

I understand that my access to the Maricopa County network is offered to me solely to provide me access to the CAREWare centralized database for reporting of client level demographics and service data as required under the Maricopa County Ryan White Part A contract.

If my VPN fob is lost or stolen, I understand that it is my responsibility to notify my direct manager and the Ryan White Part A Office. I also understand that my agency may incur replacement charges and understand that I may become responsible for those charges.

I further understand that the VPN and CAREWare access is for my use only. I agree not to share the passwords with anyone or allow any other person to have access under my passwords. I agree to notify my direct supervisor immediately if I become aware that another person has access to my password or has gained unauthorized access to the Maricopa County network.

I understand and agree that in the event I breach this agreement, my privileges under this agreement shall be revoked, and that I may be subject to penalties or liabilities under state and/or federal law or regulations. I agree that my obligations under this Agreement continue indefinitely.

I will need the following CAREWare access to this domain: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Referrals | <input type="checkbox"/> View Only (for review of subcontracts) |
| <input type="checkbox"/> Reporting | <input type="checkbox"/> Add Client | |
| <input type="checkbox"/> Clinical Data Entry | <input type="checkbox"/> Delete Client | <input type="checkbox"/> Custom: _____ |

Employee Signature

Date

By signing below, the User's supervisor agrees that the above mentioned CAREWare access is required by the user and agrees to monitor the user's adherence to the terms and conditions of the User Agreement.

Supervisor Signature

Date