

Arizona Department of Health Services – Ryan White Programs
CAREWare User Agreement

Agency: _____ Employee Name: _____
 Job Title: _____ E-mail: _____
 Phone: _____ Address: _____

Request Type: New CAREWare user Authorization renewal Remove Use

I certify that I have received a copy of and agree to comply with the "Arizona Department of Health Services Acceptable Use of an Information Resource Agreement (ADHS Policy ITS-005)," and the Arizona Department of Health Services Confidentiality Agreement" forms. I understand that my privileges to access CAREWare will be revoked if I violate the provisions or terms of these documents.

I understand that access to the Arizona Department of Health Services CAREWare system is offered to me solely to provide me access to *the* centralized database for reporting clinical, service, and demographic data as required under the Arizona Department of Health Services Ryan White Part B contract.

I further understand that CAREWare access is exclusively for my use only. I agree not to share my access credentials with anyone and agree to disallow any other person access with or to my login credentials. I agree to notify the RW Part B Program if I become aware that another person has access to my credentials.

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 federal law or regulations. I agree that my obligations under this agreement will continue indefinitely.

In addition to my agency domain (listed above), I will need access to the following domains:

Permissions Requested (check all that apply):

X	View	This permission grants the ability to view data, including attachments, within the A/B Web App and CAREWare without the ability to make changes to a referral or add attachments.
	Data Entry	This permission grants the ability to enter data into Demographics, Services, and Annual Review screens in CAREWare.
	Clinical Data Entry	This permission grants the ability to enter data under the Encounters tab in CAREWare, i.e., Medications, Labs, Screening Labs, Screenings, Immunizations, Diagnoses, etc.
	Referrals	This permission grants the ability to enter and send referrals to other Ryan White Providers and to receive/close referrals.
	Reporting	This permission grants the ability to run reports and to develop new reports.
	Add Client	This permission grants the ability to add a new client to CAREWare.
	RWISE	This permission grants the ability to process eligibility in RWISE.
	Acuity Scale	This permission grants the ability to view the acuity scale within the A/B Web App.

User 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 this CAREWare Agreement.

User's Supervisor Signature

Date

For Office Use Only			
Ryan White Authorized Signature			
Date Received:	Processed By:	Date Activated:	CW Username:
Account Set Up/Access notes:			