CONFIDENTIAL: This document may contain confidential and privileged information. The information contained is intended for the addressee only. If you are not the addressee of this information, please do not read, disclose, copy or distribute. If you have received this in error, please call the Department of Human Services at 971-673-0144. Thank you.

Ryan White Part B Case Management
RW CAREWare Add/Delete User Form

Fax Completed Form To RW CAREWare Central Admin: 971-673-0177

Date:

Provider/Agency:

This form must be submitted by the local Ryan White Program supervisor. Please allow 3 business days for processing of the RW CAREWare Add/Delete User Form. You will receive confirmation via Email when this requested change has been completed. If a new user has been added a password will be created and provided to the new user for temporary access to RW CAREWare. It is very important that the new user change his/her password the first time they log into the system.

I would like to: Delete a User ☐ Add a User ☐

HIV Case Manager Name	
Phone No. (Include ext.):	
Email Address	

I understand that by submitting this form I am authorizing the DHS, HIV Care and Treatment Program to delete and/or add a user to access the DHS RW CAREWare database. If adding a user I understand that this action will result in the new user having the ability to access client level HIV data for the above listed agency. I have reviewed local confidentiality policies and the user being added has signed appropriate confidentiality agreements for the agency. I understand that it is my responsibility to notify DHS when this user's job responsibilities no longer require access to the DHS RW CAREWare database. Notification must occur within 10 business days.

Ryan White Program Supervisor: _____

Signature: _____ Date: _____

If adding a user please have your agency computer specialist sign and date:

I understand that by submitting this form I am verifying that the local PC to be used to access the DHS RW CAREWare database meets or exceeds the hardware, software, network and security requirements set by DHS and the HIV Care and Treatment Program and as described in the RW CAREWare Client Tier Installation Instructions.

IT Staff: _____

Signature: _____ Date: _____

DHS