

## CAREWare User Add/Delete Form

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

The new user will receive confirmation via email once their account is complete. If deleting a current user, the manager submitting this form will be notified.

I would like to: ☐ Add a user ☐ Delete a user Effective date: \_\_\_\_\_

If deleted, reason:	<input type="checkbox"/> No longer employed by agency
	<input type="checkbox"/> Role within agency has changed
	If yes→ remove from: <input type="checkbox"/> CEV website
	<input type="checkbox"/> CM Contacts List <input type="checkbox"/> Listservs
Staff Name: _____	
Staff Pronouns: _____	<input type="checkbox"/> No pronouns/ prefers not to include
Work phone number: _____	Email address: _____
Role:	<input type="checkbox"/> Intake Coordinator <input type="checkbox"/> Case Manager or Care Coordinator <input type="checkbox"/> Medical Case Manager <input type="checkbox"/> Housing Navigator <input type="checkbox"/> Supervisor <input type="checkbox"/> Office Staff <input type="checkbox"/> OCEAN Navigator <input type="checkbox"/> OHA Staff
	User's Job Title: _____
Additional requests:	<input type="checkbox"/> Acuity forms <input type="checkbox"/> Case note author <input type="checkbox"/> Add to staff drop down <input type="checkbox"/> Access to CAREAssist Eligibility Verification (CEV) report website <input type="checkbox"/> Case Management Contacts List Add to Listservs: <input type="checkbox"/> Part B <input type="checkbox"/> CAREWare <input type="checkbox"/> CAREAssist
User's office location:	<input type="checkbox"/> Eugene <input type="checkbox"/> Roseburg <input type="checkbox"/> Salem <input type="checkbox"/> Medford <input type="checkbox"/> Redmond <input type="checkbox"/> Pendleton <input type="checkbox"/> Ontario <input type="checkbox"/> The Dalles <input type="checkbox"/> LaGrande <input type="checkbox"/> Other (specify): _____

I understand that by submitting this form I am authorizing the OHA HIV Community Services Program to add or delete a user's access to the OHA CAREWare database. If adding a user, I understand that this action will result in the new user having the ability to access agency client level HIV data. I have reviewed local confidentiality policies and the new user has signed appropriate confidentiality agreements for the agency. I understand that it is my responsibility to notify OHA immediately when this user's job responsibilities no longer require access to CAREWare.

Agency HIV program supervisor name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be signed by the local HIV program supervisor or Executive Director.

## Confidentiality Agreement

This Confidentiality Agreement (i.e. the Agreement) applies to contractors of the Oregon Health Authority (OHA), Public Health Division, HIV/STD/TB Program (i.e. HST), and their employees or agents who work with confidential data collected by the Division or collected by the agency on behalf of the Division. This agreement must be signed annually by all persons accessing RW CAREWare through OHA.

I, \_\_\_\_\_, understand it is my responsibility as an employee of an agency that contracts with HST to maintain, preserve, and protect confidential data collected on behalf of HST.

I understand that HIV-related information, records, and data obtained, maintained, and managed by HST are confidential pursuant to ORS 179.505, 192.558, 433.008, 433.045, and OAR 943, Division 14. Information, records, and data which are required to be maintained as confidential include, but are not limited to, the following: Medical records and client information, including demographic information and risk behavior history; reportable disease information, including HIV and AIDS diagnosis dates, viral loads, and CD4 cell counts; birth and death records; and certain personally identifiable information. I understand that I may have access to these records and data retain their confidential status regardless of the format in which they are disclosed to me.

In order to perform my duties, I understand that I may be given access to certain confidential information, records, and data, which may include those described in the above paragraph. I agree that I will use and disclose confidential information, records, and data only in connection with and for the purpose of performing my assigned duties in accordance with my agency's contract with OHA. I agree not to discuss, release, or otherwise disclose or disseminate any confidential information, records, or data, except as expressly authorized by law. I understand and agree that I am expected to exercise care in the collection, handling, recording, maintenance, and storing of confidential information, records, and data, and in engaging in any discussions about such information, records, and data.

I further understand that I am prohibited from physically removing confidential records or data from my agency unless I obtain permission from my supervisor. In the event such records or data are taken off-site, I agree to safeguard the records or data and prevent any examination by any person who is not legally entitled to view or examine these data.

I further agree that my obligation to maintain the confidentiality of the information, records, and data listed above shall continue through the duration of my employment or service with the agency that has contracted with OHA, and continues after my employment or service with the contracted agency ends.

I acknowledge that if I violate this Agreement or the laws cited above, I may be subject to disciplinary action, possible civil penalties, and criminal prosecution. My signature below attests that I have read and understand this Agreement and agree to comply with the above terms.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee name (print): \_\_\_\_\_