

Date: \_\_\_\_\_ Provider or agency: \_\_\_\_\_

The new user will receive confirmation via email when this requested change has been completed. 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
Username: _____	
Phone number: _____	Email address: _____
Job title or position:	<input type="checkbox"/> Case manager or care coordinator <input type="checkbox"/> RN or ACRN <input type="checkbox"/> Supervisor <input type="checkbox"/> Intake coordinator User's job title: _____
Special requests:	<input type="checkbox"/> Acuity forms <input type="checkbox"/> Case note author <input type="checkbox"/> Access to CAREAssist eligibility report <input type="checkbox"/> Add to staff drop down (for regional model only)
Advanced access:	<input type="checkbox"/> Local super user (i.e. permission to edit and delete case notes)
User's office location:	<input type="checkbox"/> Eugene <input type="checkbox"/> Roseburg <input type="checkbox"/> Salem <input type="checkbox"/> Pendleton <input type="checkbox"/> Ontario <input type="checkbox"/> Other (specify): _____

I understand that by submitting this form I am authorizing the OHA, HIV Care and Treatment Program to delete or add a user's access the OHA CAREWare database and CAREAssist Eligibility Report. 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 OHA immediately when this user's job responsibilities no longer require access to these systems.

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

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

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

**IT signature is only required when adding a user to CAREWare.**

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

**IT contact:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Fax number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

## 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): \_\_\_\_\_