

Las Vegas TGA Ryan White Part A Rapid Start User Agreement

Agency: _____ Employee Name: _____

Job Title: _____ E-mail : _____

Phone: _____ Address: _____

Request Type: New Rapid Start user Authorization renewal Remove User

I certify that I have received a copy of and agree to comply with the **Las Vegas TGA Ryan White Part A** Data Management and Imaging Confidentiality Agreement. I understand that my privileges to access Rapid Start will be revoked if I violate the provisions or terms of this document.

I understand that access to **Las Vegas TGA Ryan White Part A** electronic-resource systems and network is offered to me solely to provide me access to Rapid Start's centralized database for reporting clinical, service, and demographic data as required under the **Las Vegas TGA Ryan White Part A** contract.

I further understand that Rapid Start 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 **Las Vegas TGA Ryan White Part A** if I become aware that another person has access to my credentials or has gained unauthorized access to the **Las Vegas TGA Ryan White Part A** 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 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 (for Non-Ryan White Rapid Start Users Only):

Add client	This permission allows user to add a new client to the Rapid Start web application
Rapid Start User	This permission allows non-Ryan White subrecipients to access Rapid Start web application

Permissions Requested (for Ryan White Subrecipient User Only):

Rapid Start PM View	This permission allows the user to view Rapid Start Performance Measures
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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		Las Vegas TGA Authorized Signature:	
<input type="checkbox"/> Supervisor Permission			
Date Received:	Processed By:	Date Activated/Retired:	CW Username:
Account Set Up/Access notes:			