

**Las Vegas TGA Ryan White Part A  
CAREWare User Agreement**

Agency: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ E-mail : \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Request Type:**     New CAREWare 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 CAREWare 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 CAREWare'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 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 **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:**

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**Requested Permissions**

View     Data Entry     Clinical Data Entry     Referrals     Reports     Add Client  
 RWISE     RWISE SuperUser

**In addition to the above I will also need the following permissions granted:**

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User Signature

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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*

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User's Supervisor Signature

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Date

<b>For Office Use Only</b>		Las Vegas TGA Authorized Signature:	
<input type="checkbox"/> Supervisor Permission			
Date Received:	Processed By:	Date Activated/Retired:	CW Username:
Account Set Up/Access notes:			