

Maricopa County - Ryan White Part A
CAREWare / VPN User Agreement

Agency: _____ User Name: _____

Job Title: _____

I have received a copy of and agree to comply with the “Maricopa County Acceptable Use For Approved Vendor and Non-County Entity Remote Access Agreement”; and the Maricopa County Policy: “Acceptable Use of County Technology Resources” (#A2609). I understand that my privileges to access CAREWare will be revoked if I violate the provisions of either of these documents.

I understand that my access to the Maricopa County network is offered to me solely to provide me access to the CAREWare centralized database for reporting of client level demographics and service data as required under the Maricopa County General Government Ryan White Part A contract.

If my Activcard is lost or stolen, I understand that it is my responsibility to notify my direct manager and the Maricopa County IT support. I also understand that my agency may incur replacement charges and understand that I may become responsible for those charges.

I further understand that this Activcard and CAREWare access is for my use only. I agree not to share the passwords with anyone. I agree not to allow any other person to have access under my passwords. I agree to notify my direct supervisor immediately if I become aware that another person has access to my password or has gained unauthorized access to the Maricopa County 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 continue indefinitely.

I will need the following CAREWare access:

- | | | |
|--|---|---|
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> View Only | <input type="checkbox"/> Process Incoming Referrals |
| <input type="checkbox"/> Reporting | <input type="checkbox"/> Add Client | <input type="checkbox"/> Delete Client |
| <input type="checkbox"/> Contract/Service Management | <input type="checkbox"/> Agency database administration | |

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 the User Agreement.

Supervisor Signature Date

Internal Use Only:

User Login ID Processed by Date