



Nevada Ryan White Part B CAREWare Guidance Documents User Creation, Change, or Deletion

INSTRUCTIONS: This form is to be **completed digitally** by the new user or user's supervisor and forwarded to the Office of HIV/AIDS via CAREWareHelp@health.nv.gov. Keep a copy of this form on file at your agency. Please allow five business days to complete your request **for account creations or modifications – deletions will happen upon receipt**. For questions or help completing this form please contact CAREWareHelp@health.nv.gov. **Handwritten forms will not be accepted.**

New CAREWare User | Delete CAREWare User | Change CAREWare User Permissions

Only Agency Name, Requestor Name, Supervisor Name, and Signature required for deletions. If specific permissions are needed, please describe in the Additional Comments/Notes section

Date: _____

Agency Name: _____

First Name: _____

Middle Initial: _____

Last Name: _____

Title: _____

Work Street Address: _____

City, State, Zip: _____

Employee Work Phone (Including Ext.): _____

Employee E-Mail Address: _____

Please select a provider type:

- Clinical/Medical Provider
- Eligibility & Enrollment Provider
- Care Service Provider

Supervisor Name: _____

Supervisor Phone Number: _____

Supervisor Signature: _____

(Not required for Provider Administrator) _____

Additional Comments/Notes:

Instructions:

1. This form is to be completed by the requestor, signed by the requestor's supervisor (not required for a provider's administrator), and e-mailed to CAREWareHelp@health.nv.gov
2. Please supply any additional information deemed relevant in the comments section.
3. Once the completed form is received, a work order will be created.

*** Agencies are responsible to ensure deletion forms are turned in no more than one business day after an employee leaves the agency ***



**Nevada Ryan White Part B
CAREWare Guidance Documents
Data Use Agreement**

I, _____, am a user on the Ryan White Part B/ADAP CAREWare database system with permission to add ADAP related data for existing clients to the system.

I understand that when I add data to the CAREWare system, I may see other clients who are listed in the database but are not currently served at my location, in order to determine if the client is a match with an existing client (i.e., a client who I may share with another agency).

Initial _____

I understand that during this process, it is possible that I will learn information about other individuals with similar demographic characteristics (name, gender, date of birth) as the clients I enter, who are not in fact clients of my agency (i.e., limited information about a non-disclosed person with HIV)

Initial _____

I agree that I will only attempt to lookup clients for the purpose of entering the data as it relates to the ADAP services the client has received from my agency. (i.e., I will not 'phish' for client names through the CAREWare system)

Initial _____

I agree that if, through adding data for a client to the CAREWare system, I view information for which I do not have a Release of Information, I will not divulge any information about those individuals.

Initial _____

I agree that any information I view is confidential, and I agree not to discuss, transmit, or narrate any such information.

Initial _____

CAREWare User Signature

Date

Supervisor

Date

If you have any questions please email CAREWareHelp@health.nv.gov and when the form is completed, please return it to the Nevada Office of HIV/AIDS via email to CAREWareHelp@health.nv.gov. Thank you!