

**Nevada Office of HIV/AIDS
Nevada Ryan White Part B Program
RWPB and ADAP CAREWare User Agreement Form**

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!