

Arizona Department of Health Services

Ryan White Part B Program

CAREWare Installation Procedures – Version 5

The following information has been outlined to identify the process, forms and policies used for authorization to access CAREWare maintained by the Ryan White Part A office.

Download and Install CAREWare :

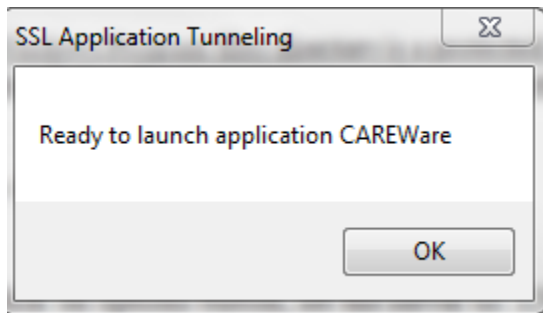
<http://www.jprog.com/tools/frmwk2.0/build845/rwcarewareclienttiersetup.msi>

***Installation instructions: Windows Program files directory is a protected directory. STRONGLY recommend that you change the default installation path to c:\careware\ or the program may not work properly.

Setup the CAREWare Server Options

Launch the application and click on options button, set the server to: 159.36.7.68 port is 8124 (default)

NOTE: You must use the portal to authenticate and then click on the CAREWare application for the connection. Once you receive the message:



You will then launch the application from your local machine.

Arizona Department of Health Services - Ryan White Part B
CAREWare User Agreement

Agency: _____ User Name: _____

Job Title: _____ Email Address: _____

Phone: _____ Address: _____

I have received a copy of and agree to comply with the "Arizona Department of Health Services Acceptable Use of an Information Resource Agreement (ADHS Policy ITS-005 is attached)," Arizona Department of Health Services Confidentiality Agreement," and "Remote Access User Responsibilities." I understand that my privileges to access CAREWare will be revoked if I violate the provisions of any of these documents.

I understand that my access to the Arizona Department of Health Services 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 Arizona Department of Health Services Office of HIV, STD and Hepatitis Ryan White Part B contract.

If any Arizona Department of Health Services property is lost or stolen, I understand that it is my responsibility to notify the Arizona Department of Health Services, Office of HIV, STD and Hepatitis. I also understand that my agency may incur replacement charges and understand that I may become responsible for those charges.

I further understand that 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 the RW Part B Program if I become aware that another person has access to my password or has gained unauthorized access to the Arizona Department of Health Services 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:

- Data Entry View Only Referrals Reporting Add Client Delete Client
 Clinical Data Entry Portal Groups: CAREWare Application CAREWare Insurance
 CAREWare Pharmacy

_____ Date

User Signature

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/VPN User Agreement.

_____ Date

Supervisor Signature

Internal Use Only:

_____ Date

User Login ID

Processed by

Date

_____ Date

RW Part B Authorized Signature/Date

ARIZONA DEPARTMENT OF HEALTH SERVICES
Confidentiality Agreement Form

PLEDGE TO PROTECT CONFIDENTIALITY INFORMATION

I, _____, understand and agree to abide by the following statements addressing
(Please Print Name)

the creation, use and disclosure of confidential information, including information designated as protected health information (“PHI”), and all other sensitive information:

1. I understand that as a user of information at the Arizona Department of Health Services, I may develop, use, or maintain information relating to public health and welfare, direct or indirect health care, quality improvement, peer review, audit functions, education, billing, reimbursement, administration, research or other approved purposes. This information, from any source and in any form, including, but not limited to paper records, oral communications, audio recordings and electronic display, is considered confidential. Access to confidential information is permitted only on a need-to-know basis and limited to the minimum amount of confidential information necessary to accomplish the intended purpose of the use, disclosure or request.
2. I understand that it is the policy of the Arizona Department of Health Services that users (i.e. employees, medical staff, students, volunteers, contractors, vendors and others who may function in an affiliated capacity) shall respect and preserve the privacy, confidentiality, and security of confidential information.
3. I understand that persons who have access to information that contains confidential information are ethically and legally responsible for observing the federal and state statutes and rules governing confidential records. I will not alter, misuse, disclose without proper authority or the individual’s authorization any confidential information.
4. I understand that confidential information may include oral communications, paper or electronic documents, databases, audio/visual tapes, and other items identified as “confidential” or “sensitive” information.
5. I understand that Arizona State Law prohibits me from using confidential information for personal gain.
6. I understand that confidential information in my control must be maintained and protected from inappropriate disclosure at all times (i.e. hard copy information when not in use will not be accessible to others, including stored or locked or other secure compartments, computer files must be password protected and closed, working documents turned face down on desk, electronic transmission of information will be encrypted according to Department policy, etc.)

ARIZONA DEPARTMENT OF HEALTH SERVICES
Confidentiality Agreement Form

7. I understand that it is the user's responsibility to protect highly sensitive Department information. As such, I am required to use good judgment in assessing what form of communication is appropriate for particular information. If I have any questions or concerns, I am to consult Department policies, my supervisor or the applicable Assistant Director for guidance.
8. I understand that confidential information may only be accessed when I am specifically authorized to do so by the appropriate program manager and I will use only the amount of information necessary within the scope of my duties. When confidential information is no longer needed, I will dispose of it in an appropriate manner to prevent inappropriate access to that information.
9. I understand that confidential information, including paper and electronic records, correspondence, documents and other forms of such information, cannot be released to or discussed with anyone other than authorized individuals. I will also violate this provision if I intentionally or negligently mishandle or destroy confidential information.
10. I understand that I am not to contact the individual(s) or other related persons to whom confidential information pertains unless I am specifically authorized to do so by law and the appropriate program manager.
11. I understand that it is a violation of Department and State of Arizona policy for me to share my sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas. I further understand that I will not use another person's sign-on code and/or password or otherwise attempt to access electronic confidential information or to gain physical access to a restricted area that is not within the scope of my work or permitted by my supervisor.
12. I understand that it is my responsibility to know and abide by any additional confidentiality provisions required by my job that may be issued by the Department, Division, Bureau, program or other work unit to which I report. If I have questions about which confidentiality rules apply to my job, I understand that it is my responsibility to ask my supervisor prior to releasing any information, even if the information request is in the form of a subpoena or other legal document.
13. I understand that it is my responsibility to report any observed or suspected breach of confidentiality by any other Department employee to my supervisor.
14. I understand that if it is determined that I have violated the Pledge or any other confidentiality requirement, I may be subject to formal disciplinary action up to and including termination of employment, loss of privileges, contractual or other rights which may be granted as a result of an affiliation in accordance with Department and/or State of Arizona procedures. Unauthorized use or release of confidential information may also subject me to personal, civil, and/or criminal liability and legal penalties.

Service Designation:

Employee Contractor Volunteer Student Other

User Signature: _____ Title: Date:

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF OPERATIONS - INFORMATION TECHNOLOGY SERVICES
ACCEPTABLE USE OF AN INFORMATION RESOURCE AGREEMENT

I, _____, have read and understand the Acceptable Use of an Information Resource policy and procedure, 1-ITS-005. I agree to comply with this policy and procedure and to protect and secure Information Resources from unauthorized or improper use. I agree to renew my Acceptable Use of an Information Resource Agreement annually. I understand that the Department reserves the right to monitor and log all activity on an Information Resource without notice. I have no expectation of privacy in the use of an Information Resource. I understand and agree that all activity conducted with an Information Resource is the property of the State of Arizona.

Authorized User Signature

Date

Authorized User Name (Print)

Authorized User Telephone

Contractor Supervisor Signature/Date

RECEIVED BY: ADHS Use

Supervisor Signature

Date

Supervisor Name (Print)

Division

Note: An the Acceptable Use of an Information Resource Agreement will be reviewed annually on the anniversary of the authorized user's employment start date.

Distribution: Original to Information Security Officer and copies to HR Manager and Authorized User

ARIZONA DEPARTMENT OF HEALTH SERVICES	LEVEL	SECTION	NUMBER	DATE
	1	ITS	005	05/19/2009
SUBJECT: Acceptable Use of an Information Resource				

SUPERSESSION:	1-ITS-002, Use of Computer Hardware/Software Policy and Procedure, and 1-ITS-003, Department Internet Access Policy and Procedure
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PURPOSE

To provide guidelines and procedures for the use of an Information Resource.

POLICY

Authorized users will use an Information Resource as specified in this policy and procedure.

AUTHORITY and REFERENCES

A. Authority

- A.R.S. § 36-104, Powers and Duties of the Director
- Executive Order 2008-10, Mitigating Cyber Security Threats

B. References

- A.R.S. § 13-2008, Taking identity of another person or entity; classification
- A.R.S. § 13-2316, Computer tampering; venue; forfeiture; classification
- A.R.S. § 38-448, State employees; access to Internet pornography prohibited; cause for dismissal
- A.R.S. § 39-101, Permanent public records; quality; storage; violation; classification
- A.R.S. § 41-770, Causes for dismissal or discipline
- A.R.S. § 41-1350, Definition of records
- A.A.C. R2-5-501, Standards of Conduct
- U.S. Code-Title 42-Subchapter XI-Part C-Sec 1320d-6-Wrongful disclosure of individually identifiable health information
- 1-ADM-022, Reporting an Information Resource Privacy or Security Incident
- 1-OHR-009, Discipline
- GITA P501 Internet Use Policy
- GITA P401 Email Use

APPLICABILITY

Authorized users

DEFINITIONS

Acceptable Use means activities utilizing an Information Resource permitted by the Department according to this policy and procedure.

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Acceptable Use of an Information Resource Agreement means the document used to record a workforce member's acknowledgement to comply with this policy and procedure, 1-ITS-005.

ASI means Audit and Special Investigations.

ASI Manager means the workforce member who is responsible for monitoring and auditing an authorized user's compliance with 1-OPS-001, Acceptable Use of an Information Resource.

Authorized User means a workforce member permitted by the Department to use an Information Resource.

Data means information used or preserved in any medium or format.

Department means the Arizona Department of Health Services.

Electronic Device means any computing equipment, software, or communications equipment, including a fax machine, copier, printer, or handheld device.

Exception to Acceptable Use of an Information Resource Form means the document used to record the approval of a request to use an Information Resource in a manner that is prohibited or is outside normal state business.

GITA means the Government Information Technology Agency.

HR means Human Resources.

HR Manager means the workforce member responsible for processing an Acceptable Use of an Information Resource Agreement.

Immediately means within 15 minutes.

Information Resource means any electronic device, network, network bandwidth, central processor time, disk space, or electronic or paper data owned or controlled by the Department.

Information Security Officer means the Chief Information Officer.

Software means a program of instructions that directs the operation of a computer, including the full products, updates, upgrades, modifications, maintenance releases, and underlying source code.

Workforce member means a Department employee, volunteer, trainee, student, intern, extern, or contractor.

PRIMARY RESPONSIBILITY

Division of Operations – Information Technology Services

PROVISIONS AND GUIDELINES

A. Acceptable uses of an Information Resource

1. An Information Resource is intended to be used to conduct state business. Limited use of an Information Resource for personal needs is permitted as long as such use is consistent with the Department policies and procedures and only when all of the following conditions are met:
 - a. No additional cost or expense to the State is incurred.
 - b. There is no negative impact on the authorized user's job performance.
 - c. There is no negative impact on another authorized user's job performance.

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- d. There is no discredit or embarrassment to the State.
 - e. Use of an Information Resource is not for a prohibited purpose as stated in the Provisions and Guidelines Section B of this policy and procedure.
2. All use of an Information Resource for electronic communication will represent the Department in a manner that preserves the Department's reputation and standards of professionalism.

B. Prohibited uses of an Information Resource:

Using an Information Resource for any of the following is prohibited:

1. To view, submit, publish, display, or transmit material that:
 - a. Violates or infringes on the rights of another person;
 - b. Contains defamatory, false, abusive, obscene, pornographic, profane, sexually-oriented, threatening, racially-offensive, or is otherwise biased;
 - c. Is discriminatory or illegal; or
 - d. Violates any applicable federal, state, or local laws and regulations prohibiting sexual harassment;
2. To view, submit, publish, display, transmit, or conduct downloading of video games, playing of video games over the internet, or downloading of videos that are unrelated to state business;
3. For political or personal gain;
4. For illegal activities, such as anti-trust, fraud, libel, or slander; and
5. To violate copyrights (institutional or individual), contracts, or license agreements (e.g., downloading or copying data, software, or music that is not authorized or licensed);
6. To initiate activities that disrupt, degrade, or waste Information Resources;
7. To engage in gambling activities;
8. To steal, destroy, or gain unauthorized access to an Information Resource;
9. To misrepresent another authorized user's identification;
10. To gain or seek to gain unauthorized access to another authorized user's account or data;
11. To obtain or attempt to obtain unauthorized access to any component of the Department's network; or
12. To introduce destructive programs into Information Resources (e.g. worms, viruses, parasites, Trojan horses, malicious code, and e-mail bombs).

C. Exception to Acceptable Uses of an Information Resource:

An authorized user is required to have an Exception to Acceptable Use of an Information Resource Form approved before engaging in any use of an Information Resource that is prohibited or outside normal state business.

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D. Authorized Users' Responsibilities

1. An authorized user is responsible for protecting and securing an Information Resource from unauthorized or prohibited use.
2. An authorized user, who suspects misuse or attempted misuse of an Information Resource, will immediately report the suspected misuse or attempted misuse of an Information Resource according to 1-ADM-022, Reporting an Information Resource Privacy or Security Incident.
3. An authorized user, who accidentally accesses a website that contains pornographic, sexually explicit, inappropriate, or illegal content, will immediately leave the website and immediately report the accidental misuse to the Information Security Officer and the supervisor.
4. An authorized user is responsible for renewing the Acceptable Use of an Information Resource Agreement by the annual anniversary of the authorized user's employment start date.
5. If an authorized user accepts another position of employment within the Department, the authorized user will complete an Acceptable Use of an Information Resource Agreement for the authorized user's new position.

E. Consequences of Non-Compliance with 1-ITS-005, Acceptable Use of an Information Resource

1. The supervisor is responsible for disciplining an authorized user who does not comply with 1-ITS-005, Acceptable Use of an Information Resource, in accordance with 1-OHR-009, Discipline.
2. The supervisor will immediately refer a non-compliance with 1-ITS-005, Acceptable Use of an Information Resource that constitutes a violation of a state or federal criminal statute to a law enforcement agency.

PROCEDURE

A. Complete an Acceptable Use of an Information Resource Agreement

Responsible Position: Supervisor

Provide a workforce member with a copy of this policy and procedure, 1-ITS-005 and an Acceptable Use of an Information Resource Agreement.

Responsible Position: Workforce Member

1. Complete the Acceptable Use of an Information Resource Agreement.
 - a. Read 1-ITS-005, Acceptable Use of an Information Resource.
 - b. Read, sign, and date the Acceptable Use of an Information Resource Agreement.
 - c. Return the signed and dated Acceptable Use of an Information Resource Agreement to the workforce member's supervisor.

Responsible Position: Supervisor

2. Review, sign, and date the Acceptable Use of an Information Resource Agreement.
3. Send the original Acceptable Use of an Information Resource Agreement to the Information Security Officer.

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4. Send a copy of the Acceptable Use of an Information Resource Agreement to the HR Manager.
5. Send a copy of the Acceptable Use of an Information Resource Agreement to the workforce member.

Responsible Position: HR Manager

6. Review the Acceptable Use of an Information Resource Agreement and file in the workforce member's personnel file.

Responsible Position: Information Security Officer

7. Maintain Acceptable Use of an Information Resource Agreement in accordance with the Department's record retention schedule.
 - a. Review Acceptable Use of an Information Resource Agreement.
 - b. Maintain Acceptable Use of an Information Resource Agreement.
8. Monitor an Authorized User's Compliance.
 - a. Monitor authorized users for compliance with this policy and procedure, 1-ITS-005, Acceptable Use of an Information Resource.
 - b. Immediately report misuse or attempted misuse of an Information Resource to the ASI Manager.
 - c. Record and maintain documentation of each time an authorized user reports an accidental misuse of an Information Resources.

Responsible Position: ASI Manager

9. Monitor and Audit an Authorized User's Compliance
 - a. Monitor authorized users for compliance with this policy and procedure, 1-ITS-005, Acceptable Use of an Information Resource.
 - b. Immediately report misuse or attempted misuse of an Information Resource to the HR Manager.

B. Complete the Annual Renewal of an Acceptable Use of an Information Resource Agreement

Responsible Position: Information Security Officer

1. Request the authorized user to renew the Acceptable Use of an Information Resource Agreement before the annual anniversary of the authorized user's employment start date.

Responsible Position: Authorized User

2. Renew the Acceptable Use of an Information Resource Agreement before the agreement expires.
3. Follow the steps provided in Procedure section A.1. to complete the renewal process.

Responsible Position: Supervisor, HR Manager, Information Security Officer, and ASI Manager

4. Follow the steps provided in Procedure section A.2 through A.9, as applicable.

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C. Approve a Request for an Exception to Acceptable Use of an Information Resource

Responsible Position: Authorized User

1. Complete an Exception to Acceptable Use of an Information Resource Form.
2. Submit the Exception to Acceptable Use of an Information Resource Form to the authorized user's supervisor.

Responsible Position: Supervisor

3. Approve or deny the Exception to Acceptable Use of an Information Resource Form
 - a. Review the Exception to Acceptable Use of an Information Resource Form.
 - b. If approving:
 - Indicate approved on the Exception to Acceptable Use of an Information Resource Form.
 - Sign and date the Exception to Acceptable Use of an Information Resource Form.
 - Send the approved Exception to Acceptable Use of an Information Resource Form to the Division Deputy Director or Assistant Director, as applicable.
 - c. If denying:
 - Indicate denied on the Exception to Acceptable Use of an Information Resource Form and include a written explanation for denial.
 - Sign and date the Exception to Acceptable Use of an Information Resource Form.
 - Send the denied Exception to Acceptable Use of Information Resources Form to the authorized user.

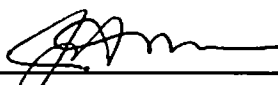
Responsible Position: Division Deputy Director or Assistant Director, as applicable

4. Approve or deny the Exception to Acceptable Use of an Information Resource Form
 - a. Review the Exception to Acceptable Use of an Information Resource Form.
 - b. If approving:
 - Indicate approved on the Exception to Acceptable Use of an Information Resource Form.
 - Sign and date the Exception to Acceptable Use of an Information Resource Form.
 - Send the Exception to Acceptable Use of an Information Resource Form to the Information Security Officer.
 - c. If denying:
 - Indicate denied on the Exception to Acceptable Use of an Information Resource Form and include a written explanation for denial.
 - Sign and date the Exception to Acceptable Use of an Information Resource Form
 - Return to supervisor.

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Responsible Position: Information Security Officer

5. Accept and maintain a request for Exception to Acceptable Use of an Information Resource Form
 - a. Review, sign, and date the authorized user's approved Exception to Acceptable Use of an Information Resource Form.
 - b. Send a copy of an authorized user's approved Exception to Acceptable Use of an Information Resource Form to the HR Manager, supervisor, and authorized user.
 - c. Review all approved Exception to Acceptable Use of an Information Resource Forms annually on the anniversary of the authorized user's employment start date.

<p>Approved:</p> <div style="text-align: center;">  <hr style="width: 80%; margin: 0 auto;"/> </div> <p>Janet Mullen, Ph.D., Deputy Director for Operations</p>	<p>Date:</p> <div style="text-align: center;"> <p>5/19/09</p> <hr style="width: 80%; margin: 0 auto;"/> </div>
<p>If a user wants to suggest an improvement to this policy and procedures, please do so by completing and submitting a Policy and Procedure Request Form. The Policy and Procedure Request Form can be found on the Department's intranet in the Forms folder or on the Policies and Procedures webpage.</p>	