

## LaCAN User Confidentiality Agreement

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I acknowledge that as a Louisiana CAREWare Access Network (LaCAN) CAREWare user, I may have access to, use, or disclose confidential health information. I hereby agree to handle such information in a confidential manner at all times during and after my employment and commit to the following obligations:

(Initial to indicate you understand each of the following)

### General LaCAN Data System Confidentiality:

\_\_\_ Access to and use of confidential records in CAREWare is limited to purposes related to each person's designated role ("need to know") at their employing agency. Not all CAREWare users are entitled to view or use all aspects of CAREWare. Full modification rights and view-only rights are defined for each person as determined by the LaCAN Partners and the supervisory staff at each user's employing agency.

\_\_\_ Each person authorized to access CAREWare must have a unique CAREWare username and CAREWare password to verify authorization to access the LaCAN CAREWare system. Such identification codes and passwords shall be issued and changed regularly in accordance with the LaCAN policies.

\_\_\_ Computers with access to CAREWare must be password protected at the Windows login level and have a password protected screensaver program installed and activated.

\_\_\_ Information containing patient or client personal identifiers is never sent by email, even if encrypted. CAREWare client URNs, UCIs, eURNs, and any other agency client IDs will not be transmitted via email between any parties.

### Data Sharing In CAREWare:

\_\_\_ LaCAN users are able to see data only for clients who have received services at their agency or have been referred to their agency by another LaCAN provider using the internal referral function in CAREWare. No LaCAN provider will have access to information on clients that have not received services through their agency.

\_\_\_ All clients receiving services funded by a LaCAN Partner are required to have their data entered in CAREWare and must be notified by their LaCAN provider that their data is being collected for reimbursement/care coordination purposes.

\_\_\_ I understand that as a LaCAN CAREWare user, I have an obligation to complete Client Confidentiality or HIPPA training, and in signing this agreement, I confirm that I have received and completed confidentiality training from my respective employing agency.

\_\_\_ I understand that unauthorized or willful disclosure of any confidential information and/or violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action, up to and including, termination of employment.

**Employee Signature:** \_\_\_\_\_ **Employee Printed Name:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Supervisor Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Agency Name:** \_\_\_\_\_