

# **LaCAN User Confidentiality Agreement**

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:

of

Initial to indicate you understand each of the following:

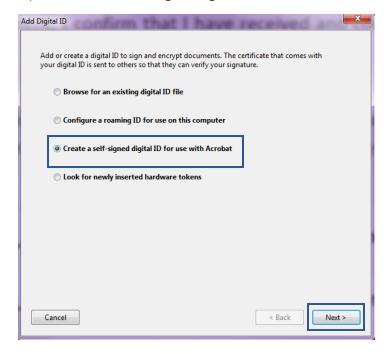
General LaCAN Data System Confidentiality:	
role ("need to know") at their employing agency CAREWare. Full modification rights and view-on	n CAREWare is limited to purposes related to each person's designated y. Not all CAREWare users are entitled to view or use all aspects of ally rights are defined for each person as determined by the LaCAN
Partners and the supervisory staff at each user's er	mpioying agency.
	re must have a unique CAREWare username and CAREWare password CAREWare system. Such identification codes and passwords shall be the LaCAN policies.
Computers with access to CAREWare must be password protected screensaver program installed	be password protected at the Windows login level and have a d and activated.
Information containing patient or client personal identifiers is never sent by email, even if encrypted. CAREWar client URNs, UCIs, eURNs, and any other agency client IDs will not be transmitted via email between any parties.	
Data Sharing In CAREWare:	
_	ients who have received services at their agency or have been referred
to their agency by another LaCAN provider using	g the internal referral function in CAREWare. No LaCAN provider will
have access to information on clients that have no	ot received services through their agency.
	CAN Partner are required to have their data entered in CAREWare and their data is being collected for reimbursement/care coordination
I understand that as a LaCAN CAREWare u	user, I have an obligation to complete Client Confidentiality or HIPPA that I have received and completed confidentiality training from my
	sclosure of any confidential information and\or violation of any terms ct to appropriate disciplinary action, up to and including, termination
Employee Signature:	Employee Printed Name:
Supervisor Signature:	Supervisor Printed Name:
Date:	Agency Name:

## **Creating a Digital Signature in Adobe**

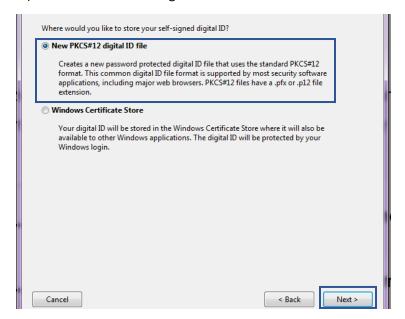
1.) Click on the "Sign Here" Tab



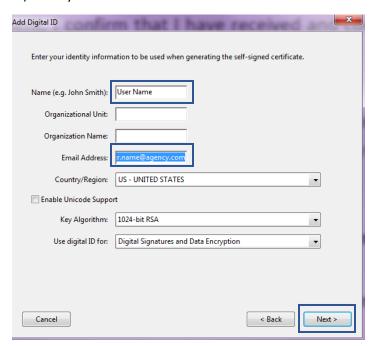
2.) Click "Create a self-signed digital ID for use with Acrobat" the click Next



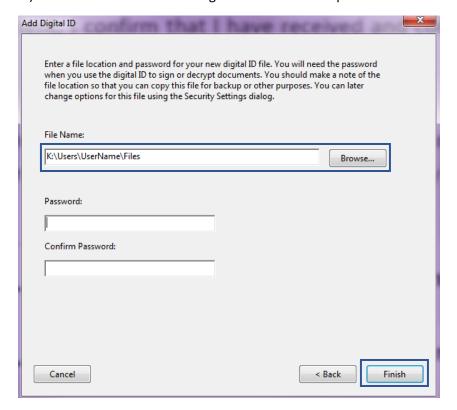
3.) Click "New PKCS#12 digital ID File" then click Next



#### 4.) Enter your name and email address and click Next



### 5.) Find a location to save the signature and create a password



### 6.) Enter your password and click Sign

