

SGRX eFlex User Request and Confidentiality Agreement

Please complete this form for all new users requesting access to the SGRX eFlex User Interface and fax or email to LA HAP. Users must be employed at a Ryan White-funded agency or at an agency that serves at least 50 Ryan White-eligible clients. Send complete form via email to: ldap@la.gov.

<input type="checkbox"/> Add User	<input type="checkbox"/> Remove User		
Agency Name			
User's Name		User's Job Title	
User's Phone		User's Email Address	
Supervisor's Name			
Primary Role	<input type="checkbox"/> Case manager or social worker (providing a variety of supportive services to clients) <input type="checkbox"/> Benefits specialist (providing assistance to clients with benefits enrollment paperwork) <input type="checkbox"/> Eligibility specialist (verifying client eligibility for LA HAP services) <input type="checkbox"/> Other, describe: _____		

I acknowledge that as a **SGRX eFlex Secure Web Portal user**, I may have access to, use, or disclose confidential health information 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 next to each statement to indicate you understand each of the following)

_____ Access to and use of confidential records in SGRX eFlex is limited to purposes related to each person's designated role ("need to know") at their employing agency. Not all SGRX eFlex system users are entitled to view or use all aspects of the SGRX eFlex Secure Web Portal.

_____ Each person authorized to access SGRX eFlex must have a username provided by SGRX eFlex and a password to verify authorization to access the SGRX eFlex system.

_____ Computers with access to SGRX eFlex must be password protected at the Windows login level and have a password protected screensaver program installed and activated.

_____ I understand that as a SGRX eFlex user, I have an obligation to complete Client Confidentiality or HIPAA 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 may result in my being subject to appropriate disciplinary action, up to and including, termination of system access and employment.

_____ I understand that if I end my employment with my current agency, I or my former supervisor must resubmit this form requesting to terminate my Web Portal account. This is true even if I am transferring to another agency serving Ryan White clients.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____