

# User Access Agreement

This contractual agreement is entered into on \_\_\_\_\_ between the **CSP** and

Agency Name: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Name of person completing agreement: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_

This document contains the specific obligations that each agency must follow in order to participate in the CSP. The signatory for this document shall be the Agency Executive Director or designee.

## I. Contractual Requirements and Roles

\_\_\_\_\_  
Signature

I agree to abide by the following policies as contained in **Section 1** of the CSP Policies and Procedures as described below.

- A. **Steering Committee:** Advises the project on all activities.
- B. **Participating Agency Executive Director:** Assumes responsibility for the entire implementation and administration of the system
- C. **Participating Agency Agency Administrator:** The Executive Director's officially designated Representative to manage ServicePoint operations.
- D. **Participating Agency User:** Agency Staff who serve clients who are authorized by the Executive Director to access the system.

## II. Participation Requirements

\_\_\_\_\_  
Signature

I agree to abide by the following policies as contained in **Section 2** of the CSP Policies and Procedures.

- A. **Participation Requirements of Participating Agency and CSP:** Lays out responsibilities of all parties involved in implementation.
- B. **Implementation Documentation:** Delineates all written documentation required for implementation including data sharing agreements, client consent forms, data collection commitment and participating agency security protocols.
- C. **Minimal Data Elements:** Participating agencies must make every effort to enter information on all clients served in participating programs. Agencies agree to enter at a minimum, all data contained within the Profile Screen.

- D. **Confidentiality:** The Participating Agency will uphold Federal and State Confidentiality regulations that protect client records and privacy as referenced in 42 CFR Part 2, Health Insurance Portability and Accountability Act (HIPAA) and Maryland general law.
- E. **Maintenance of Internet Connection and Onsite Computer Equipment:** Outlines responsibility of agency in maintaining connectivity and equipment.

III. Training

\_\_\_\_\_  
Signature

I agree to abide by the following policies as contained in **Section 3** of the CSP Policies and Procedures as described below.

- A. **Training Schedule:** CSP staff will provide schedule and on site training as documented.
- B. **User, Administration and Security Training:** Prior to being granted access to the system, all staff will be trained on relevant information security issues.

IV. User, Location, Physical, and Data Access

\_\_\_\_\_  
Signature

I agree to abide by the following policies as contained in **Section 4** of the CSP Policies and Procedures as described below.

- A. **User Access:** Identifies process for user access including authorization of user names and passwords
- B. **Location Access:** Participating agencies must identify the locations from which system software can be accessed.
- C. **Physical Access:** All agencies must develop internal access policies to all systems.
- D. **Data Storage and Transmission:** All agencies will develop internal protocols for the transmission and storage of client level information. CSP staff is available to provide recommendations for policy development.

V. Technical Support and System Availability

\_\_\_\_\_  
Signature

I agree to abide by the following policies as contained in **Section 5** of the CSP Policies and Procedures as described below.

- A. **Planned Technical Support:** Participating agencies will receive planned technical support as requested.
- B. **Availability:** System software will be made available for set periods of time with time allowed for updates and protocols for unplanned interruption to service.

VI. Data Release Protocols

\_\_\_\_\_  
Signature

I agree to abide by the following policies as contained in **Section 6** of the CSP Policies and Procedures as described below.

- A. **Data Release Authorization:** Outlines specific policies regarding release of aggregate data.

**By signing this document, I agree to abide by all policies as stated in the CSP Policies and Procedures Document. I also agree to educate all staff members in my agency as to the policies that directly affect their work.**

_____ Name of Program	_____ Title of Person Completing Agreement	
_____ Name of Sponsoring Agency	_____ Signature of Person Completing Agreement	_____ Date
_____ Executive Director	_____ Signature of Executive Director	_____ Date
_____ CSP Staff Person	_____ Signature of CSP Staff Person	_____ Date