



VESTA User Agreement

Part I: User's full name: _____ Credentials: _____

Agency name: _____ User's telephone #: _____

Job position: _____ User's email address: _____

Part II: User responsibility statement:

Please initial each item below to indicate that you have read them and will comply. Failure to comply with these standards is grounds for immediate termination of your VESTA access and notification of your agency's director.

I affirm the following:

- _____ My user name and password are for my use only. I will never share my username and password with others. I will take all reasonable means to keep my password physically secure and private.
- _____ The only individuals who can view VESTA information are authorized users and the individual client to whom the information pertains.
- _____ I will only view, obtain, disclose, or use the VESTA information necessary to perform my job.
- _____ I will observe the client consent policy detailed in my agency's VESTA Agency Participation Agreement.
- _____ I will enter accurate and complete information to the best of my ability, including all mandatory fields, within 2 working days of intake or exit for shelter/residential services or within 1 week of service provision or exit for nonresidential services.
- _____ Hard copy printouts of VESTA individual client data are part of a client's confidential file and must be kept in a secure file. If they are no longer needed they must be properly destroyed.
- _____ A computer running the VESTA system should never be left unattended. If I am logged into VESTA, I must log off before leaving my work area.
- _____ I understand that these rules apply to all users of VESTA, whatever their role or position.
- _____ If I notice or suspect a security breach, I will immediately notify VESTA support staff.

Part III: I agree to maintain strict confidentiality of information obtained through VESTA.

User signature: _____ Date: _____

Part IV: This user should have access to the following VESTA programs:

{Programs}

Program(s) named as they appear in VESTA: _____ User level: _____

_____ Regular Power Supervisor VESTAcards Reports Data updater

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User level descriptions:

- **Regular:** Client data entry and review - no access to reports.
- **Power:** Full access to client data entry, review, and reporting.
- **Supervisor:** Full access plus view all users' error alerts for program(s) listed above.
- **VESTAcards:** Access only to VESTAcards program; no VESTA access.
- **Reports only:** View and print reports only - no access to client records.
- **Data updater:** Very limited client data entry - requires special arrangements.

Part V: I confirm the above requested VESTA access and attest to this user's commitment to abide by the agreements set forth herein.

Executive director signature: _____ Date: _____

Submit this User Agreement to: VESTA User Support
 The Partnership Center, Ltd.
 2134 Alpine Place, Cincinnati, Ohio 45206
 Ph: (513) 891-4016 Fax: (513) 618-5720 (MUST STILL SUBMIT ORIGINAL)