



**Riverside/San Bernardino, CA EMA
Policy and Procedure
ARIES Policy # 1**

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APPROVED *Scott Rigsby*
Scott Rigsby Public Health Program Coordinator

**Subject – Requests for Laptop Digital Certificates from the
Ryan White Program and the California Office of AIDS (OA)**

PURPOSE To establish guidelines to coordinate the efforts of requesting ARIES Laptop digital certificates from the Ryan White Program and the California Office of AIDS (OA).

POLICY In order to allow an agency staff person access to ARIES agency Laptops, the agency’s ARIES Technical Lead (TL) must complete and Submit (Attachment A - ARIES Laptop Registration Form) as required to ensure that every effort is made to ensure that laptops used to access ARIES are secure and that client data is not compromised. Also required is a written justification explaining the need for the ARIES laptop cert. This justification must be submitted along with the Attachment A - ARIES Laptop Registration Form. Laptop certificates will only be approved for rare circumstances in which the staff member does not have access to a permanent computer workstation

SCOPE This Procedure applies to all contractors (providers) serving eligible clients under all Parts of the Ryan White Programs within the Riverside/San Bernardino, CA TGA.

- PROCEDURE**
1. Complete ARIES User Registration Form and Attachment A.
 2. The Grantee will conduct periodic Quality Assurance checks in the ARIES system with respect to this Policy.
 3. Ryan White Program staff will visit provider sites as necessary to ensure compliance with this P&P.
 4. Ryan White Program-funded providers found to be in violation of this P&P will be contacted and required to submit a plan to correct any deficiencies. If the identified deficiencies are not addressed in a timely manner, this may result in the revocation of the digital certificate.



**Riverside/San Bernardino, CA TGA
Ryan White Program (RWP)
Laptop ARIES Digital Certificate Request Form**

Date: _____ Agency Requesting Laptop Certificate: _____

Address(es) of ALL locations where the laptop may/will be used: _____

Laptop Serial # (ITTP Address) _____

Laptop User: _____

Print First Name

Print Last Name

Title/Job/Position

I understand and agree to adhere to all requirements including:

1. Adhering to the CA State Office of AIDS ARIES Policy Notices No. A1 and No. B4 regarding Digital Certificates and Laptop use.
2. Ensuring the laptop will not be used in or near any internet public access areas (WiFi zones) such as a Starbucks, etc.;
3. Ensuring that the laptop will not be taken to my home or place of residence;
4. Ensuring that the laptop will not be left unattended in any vehicle I use to transport laptop;
5. Ensuring the following if the laptop is lost, misplaced, or stolen:
 - a. Immediate filing of report w/ the police agency of the area in which the incident occurred,
 - b. Immediately notifying, by telephone & Email, the Grantee/Ryan White Program Office of the incident, preferably speaking with the Program Manager or the Program Coordinator,
 - c. Provide the RWP Office with a copy of the police report as soon as it is available,
 - d. Follow up with the RWP Office ensuring immediate cancellation of the ARIES certificate;
 - e. Agree to fully cooperate with the County of San Bernardino's Public Health Department's HIPAA Compliance Officer's investigation as well as with any investigation conducted by the RWP staff.
6. Agreeing that any violation of these policies may constitute the immediate revocation of the applicable ARIES certificate (*this may be done without notification to the user in the interest of protecting confidential client information*).

***In addition, a written justification must be submitted with this form.**

I have read and understand the CA State Office of AIDS ARIES Policy Notices No. A1 and No. B4.

Laptop User Signature: _____ Date: _____

Agency Executive Director: _____ Date: _____

Print Name

Signature

Ryan White Public Health
Program Coordinator: _____

Date: _____

Scott Rigsby

