



# BRAZOS VALLEY COUNCIL OF GOVERNMENTS

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## ARIES Laptop Agreement

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

Address: \_\_\_\_\_ PH: \_\_\_\_\_

The Texas Department of State Health Services (DSHS) requires that all laptops on which ARIES (AIDS Regional Information & Evaluation System) user certificates are installed meet the following requirements. Place a mark next to each requirement to indicate that the user and agency will comply fully with the requirement. Failure to comply with any requirement will result in the revocation of the certificate by the Texas Department of State Health Services.

\_\_\_\_\_ The laptop on which the user's certificate is installed does NOT have a wireless connection.

\_\_\_\_\_ The laptop on which the user's certificate is installed will remain at the agency site and WILL NOT be removed from the site for any purpose, including off-site work and meetings.

\_\_\_\_\_ All staff using ARIES on laptop computers have signed a statement indicating that they understand the ARIES policy on laptop computer use. The signed statement is available for review by appropriate personnel and program monitors.

\_\_\_\_\_ The agency will submit a request to the Brazos Valley Council of Governments (BVCOG) for each laptop that the agency would like to have certificates installed. The request will include the user's name, site location, contact person for the request, and a justification for using the laptop for ARIES.

Sign below to indicate understanding of and compliance with the above requirements, as well as a commitment to protect the security and confidentiality of client data. This agreement must be submitted to BVCOG prior to the installation of certificates on any agency laptops and must be updated and re-submitted immediately after a change is made in staff authorized to sign this agreement.

\_\_\_\_\_  
Agency Executive Director (printed name and signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency ARIES Administrator (printed name and signature)

\_\_\_\_\_  
Date

*Approved:*

\_\_\_\_\_  
DSHS URS Project Director

\_\_\_\_\_  
Date