



Computer Log-In User Information and Agreement Form and  
Intellectual Property Agreement Form

*This form must be completed and signed in order to assign a CCI Database User Name and Password*

Please Print

**Personal Identification:**

Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

**Employer Identification:**

Agency Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Agency Address: \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

Agency E-mail: \_\_\_\_\_

\*I, the undersigned, agree to comply with all Community Collaboration Inc.'s (CCI) Provider Directory user requirements and confidentiality requirements, which are listed in full on Terms and Conditions agreement. I will protect all intellectual property contained within the MPOWR software solution.

I will not give my user name and password to anyone at anytime. I will not use the confidential information in any other business or capacity, including any derivative of the CCI concept. I will maintain the confidentiality of the information during and after the contract term. I will always log-off when leaving my computer terminal for any length of time. I will not make unauthorized copies of any portion of the confidential information in written or other tangible form. Upon termination of requiring use of any materials obtained, I will immediately cease using, and deliver all tangible intellectual property, all copies, and any other forms of reproductions in my possession or control, to a CCI authorized person.

I understand that breach of any of the above may result in the immediate revocation of my computer access rights to the CCI Database.

\_\_\_\_\_  
Signature of User Date

\_\_\_\_\_  
Administrator Signature Date