# HMIS USER AGREEMENT & CODE OF ETHICS

### USER POLICY

Agencies will share information for provision of services to homeless persons through a networked infrastructure that establishes electronic communication among organizations serving the homeless.

Agencies will at all times have rights to the data pertaining to their Clients that were created or entered by them in HMIS. Agencies shall be bound by all restrictions imposed by Clients pertaining to the use and sharing of their personal data.

It is a Client's decision about which information, if any, entered into HMIS shall be shared and with which Partner Agencies. The HMIS Client Consent and Release of Information must be signed (or verbal) if the Client agrees to have their data entered into HMIS.

Minimum data entry on each consenting Client consists of all 2020 HUD Data Standards. This is done by completing:

* ROI Tab
* Coordinated Entry Data (as needed)
* Completing the funding appropriate Intake, Interim, and Exit assessments

Data necessary for the development of aggregate reports of homeless services, including Agency based assessments, services needed, services provided, referrals and client goals, case plans and outcomes should be entered to the greatest extent possible.

HMIS is a tool to assist agencies in focusing services and locating alternative resources to help homeless persons. Therefore, agency staff should use the Client information in HMIS system to target services to the Client’s needs.

#### **USER RESPONSIBILITY**

Your User ID and Password gives you access to HMIS. Initial each item below to indicate your understanding and acceptance of the proper use of your User ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from HMIS. Please initial next to each line item.

\_\_\_\_\_ My User ID and Password are for my use only and must not be shared with anyone.

\_\_\_\_\_ I must take all reasonable means to keep my Password physically secure, including not saving your password to your browser/computer or using a password manager.

\_\_\_\_\_ I understand that the only individuals who can view information in HMIS are the Clients to whom the information pertains and authorized users at my organization/program, or at those with whom we have signed Interagency Data Sharing Agreements.

\_\_\_\_\_ I may only view, obtain, disclose, or use information necessary to perform my job.

\_\_\_\_\_ If I am logged into HMIS and must leave the work area where the computer is located, I **must log-off** of HMIS before leaving the work area. Failure to log off HMIS appropriately may result in a breach in Client confidentiality and system security.

\_\_\_\_\_ I understand that I must use HMIS regularly. Failure to use HMIS regularly may result in the in-activation of my license.

\_\_\_\_\_ HMIS client level data, including any personally identifiable information, should not be shared with anyone outside of HMIS. This includes email, storage devices, hard copies, or other downloaded data.

\_\_\_\_\_ Hard copies of HMIS information must be kept in a secure file. When hard copies of HMIS information are no longer needed, they must be properly destroyed to maintain confidentiality.

\_\_\_\_\_ If I notice or suspect a security breach, I must immediately notify my Agency Administrator or HMIS System Administrator.

\_\_\_\_\_I understand that I must attend a mandated refresher training one (1) time per year and am obligated to attend mandatory trainings upon request.

\_\_\_\_\_I understand that if I take a leave of absence for any reason (maternity/paternity leave, medical leave, etc.) I must notify the HMIS Administrator immediately so my license can be temporarily de-activated. Upon my return, I may contact the HMIS Administrator to re-activate my account. Contingent upon the length of my leave, I may be subject to attending a refresher training before I can regain access.

\_\_\_\_\_I understand that when I terminate employment with current agency, I must contact the Agency Administrator immediately so my access to HMIS can be de-activated.

\_\_\_\_\_I will ensure that I am not purposely creating a duplicate client record by checking first and last names, SSN, and DOB before creating a new client and will always using an existing client record if there is one.

\_\_\_\_\_I understand that I am responsible for entering **accurate and timely** (within 72 hours) data on each client and understand that I am responsible for all data I enter into HMIS.

\_\_\_\_\_ I understand that if I work remotely, I will maintain the same security/confidentiality standards as the workplace.

\_\_\_\_\_ I understand that I will complete any initial HMIS training assignments within seven (7) business days of the training date.

**USER CODE OF ETHICS**

1. HMIS Users must treat Partner Agencies with respect, fairness and good faith.
2. Each HMIS User should maintain high standards of professional conduct in the capacity as a HMIS User.
3. The HMIS User has primary responsibility for his/her Client(s).
4. HMIS Users may not, under any circumstance, train other staff members on the use of HMIS, nor may they share HMIS related information with staff members who do not hold a HMIS License.
5. The HMIS User will not misrepresent its client base in HMIS by knowingly entering inaccurate information or over-ride information entered by another agency).
6. The HMIS User may not make discriminatory comments based on race, color, religion, national origin, ancestry, handicap age, sex, and sexual orientation are not permitted in HMIS.
7. The HMIS User will not use HMIS with the intent to defraud federal, state, or local government or an individual entity; or to conduct any illegal activity.

I understand and agree to comply with all the statements listed above.

Agency Name (Print)

HMIS User (Print)

HMIS User Signature Date