Alaska Homeless Management Information System (AKHMIS)

User Agreement

INTRODUCTION

The Alaska Homeless Management Information System (AKHMIS) is an internet-based record-keeping system that is used by some Covered Homeless Organizations (CHOs) within the State of Alaska's Continuums of Care (AK CoCs) – the Alaska Balance of State CoC (AK 501) and the Anchorage CoC (AK 500) – to record and store client-level information about the numbers, characteristics, and needs of persons at-risk of or experiencing homelessness. The AKHMIS central server is administered by WellSky™ and the Institute for Community Alliances (ICA) administers CHO and user licensing, training, and compliance for the AKHMIS.

The AKHMIS creates an unduplicated count of individuals and households experiencing homelessness, which may include those at-risk of experiencing homelessness, and develops aggregate information that assists in developing policies to end homelessness. In addition, the AKHMIS allows CHOs to share information electronically about clients, including their service needs, in order to better coordinate services.

A Covered Homeless Organization (CHO) is defined as any organization (including its employees, volunteers, affiliates, contractors, and associates) that records, uses, or processes protected personal information (PPI) on clients at-risk of or experiencing homelessness for an HMIS. This definition includes both organizations that have direct access to the AKHMIS (AKHMIS-Participating Organizations), as well as those organizations who do not directly access but do record, use, or process PPI for the listed purposes (AKHMIS Partner Organizations).

PPI can only be shared between and among AKHMIS-Participating Organizations that have established their commitment to privacy and security by entering into a Statewide Interorganizational Data Sharing & Coordinated Services Agreement. Allowable uses and disclosures of PPI are described in the Alaska Continuums of Care Privacy Policy (AK CoCs Privacy Policy). Any uses and disclosures of PPI not described in the AK CoCs Privacy Policy are only allowable with written client consent.

CHOs shall, at all times, have rights to the data pertaining to their clients that were created or entered by them in WellSky Community Services™ (the software used by the Continuums of Care within the State of Alaska – Anchorage and Balance of State). CHOs shall be bound by all restrictions as laid out in the Alaska Continuums of Care Privacy Policy regarding the allowable uses and disclosures of protected personal information (PPI).

DISPLAY OF NOTICE:

Pursuant to the notice published by the Department of Housing and Urban Development (HUD) on July 30, 2004, the Organization will prominently display at each intake desk (or comparable location) the Alaska Continuums of Care Consumer Notice (AK CoCs Consumer Notice) that explains generally the reasons for collecting identified information in AKHMIS and the client rights associated with providing Organization staff with identified data. The Organization will ensure clients' understanding of their rights. Additionally, if the Organization maintains a public webpage, the current version of the AK CoCs Consumer Notice must be posted on the Organization's webpage.

PURPOSE

The purpose of the AKHMIS User Agreement (hereinafter "Agreement") is to ensure users accessing the AKHMIS are aware of and agree to data entry requirements and requirements to ensure that client confidentiality is protected. The signed Agreement will be maintained by the HMIS Lead Agency.

DATA COLLECTION POLICY

CHOs that enter data into AKHMIS are required to attempt to collect and enter, at a minimum, the HUD and Federal Partners Universal Data Elements (UDEs). These elements are required to attempt to be collected for all clients entered into the AKHMIS.

- Full Legal Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Gender
- Veteran Status
- Disabling Condition
- Project Start Date
- Project Exit Date
- Destination at Project Exit
- Relationship to Head of Household
- Client Location (CoC Code)
- Housing Move-In Date (For Permanent Housing Projects ONLY)
- Prior Living Situation
- Other data as required by specific local organizations or funding sources

ACKNOWLEDGEMENTS

The user signing this agreement will comply with the following:

- Sign the AKHMIS User Agreement and complete required AKHMIS training;
- Take appropriate measures to prevent unauthorized data disclosure;
- Report any security violations in accordance with the AK CoCs Security Plan;
- Comply with relevant policies and procedures;
- Input required data fields in a consistent, accurate, and timely manner;
- Ensure a minimum standard of data quality as defined by the Data Quality Plan;
- Inform clients about the Organization's use of the AKHMIS;
- Take responsibility for any actions undertaken with one's AKHMIS username and password;
- Read the AKHMIS Newsletter from HMIS Lead Agency;
- Respond to requests from HMIS Lead Agency in a timely manner;
- Never access areas of AKHMIS on which they were not trained by an HMIS Lead Agency staff member; and
- Log in to AKHMIS at least every 45 days.

PERIOD AND TERMINATION

This Agreement will be in effect from the time of signature to the time annual Security and Privacy Training is required to be completed. The Agreement will terminate automatically when the named user no longer has an active AKHMIS user license. Violation of any component will constitute immediate termination of the Agreement.

CONFIDENTIALITY AGREEMENT

Initial each statement below to indicate your understanding and acceptance of the proper use of your User ID and password, which gives you access to AKHMIS, and your intention to comply with all policies and procedures governing the use of AKHMIS and the data therein. Failure to uphold the policies and procedures is grounds for immediate removal of access from AKHMIS.

_____ I will ensure that the Alaska CoC Statewide Consumer Notice is posted at any location client intake services are provided and protected personal information (PPI) is entered into the AKHMIS.

_____ I have read and understand the Alaska CoC Statewide Privacy Policy and am aware of the allowable uses and disclosures of PPI. I will ensure that the Alaska CoC Statewide Privacy Policy is explained to clients during the intake process and will make the Alaska CoC Statewide Privacy Policy available to the client upon request.

_____ I understand that my AKHMIS User ID and password are for my use only and must not be shared with anyone, including others within my own Organization. I will take all reasonable means to keep them physically secure.

_____ I may only view, obtain, disclose, search for, or use the database information that is necessary to perform the official duties of my job.

_____ If I am logged into the AKHMIS and must leave the work area where the computer is located, I must log off of the AKHMIS before leaving the work area.

_____ I will attend any HMIS and related topic training sessions, as required, to ensure accurate and appropriate data entry and use of the AKHMIS.

_____ I will ensure that any computer used to access the AKHMIS is located in an area that can be physically secured with a lock when not in use by the authorized staff person.

_____ I will never leave unattended any computer that has the AKHMIS "open and running", and I will ensure that any computer used to access the AKHMIS is equipped with locking (password-protected) screensavers.

_____ I will verify that any computer used to access the AKHMIS has virus protection software installed with auto-update functions, and software and / or hardware firewall protection.

_____ I understand that failure to log off the AKHMIS appropriately may result in a breach in client confidentiality and system security, and that this is considered a violation of my AKHMIS User ID and password.

_____ I will ensure that hard copies of AKHMIS information are kept secured, and I understand that when hard copies of AKHMIS information are no longer needed, they must be properly destroyed to maintain confidentiality.

_____ If I notice or suspect a security breach, I will immediately notify my supervisor and HMIS Lead Agency.

_____ If I have a conflict of interest in entering data within the AKHMIS, I will disclose that to my Program Director. If I am a client within the AKHMIS, or if I have immediate family members within the AKHMIS, I will not make changes to those files.

_____ If I leave my job that established my AKHMIS access, I will not attempt to login to AKHMIS under that login information.

SIGNATURE

By signing below, I understand and agree to comply with the statements above:

_____ _____ _____
AKHMIS User Signature   Date   Printed Name