**HMIS USER AGREEMENT**

**CONFIDENTIALITY AND RESPONSIBILITY CERTIFICATION**

Access to the HMIS will be used only for legitimate client services and administration of the agency listed below. Any breach of confidentiality will result in immediate investigation by the HMIS Lead Agency and potential termination of access to the HMIS. **Initial each item:**

\_\_\_\_ I understand that my Username and password are for my use only.

\_\_\_\_ I understand that I must take all reasonable means to keep my password physically secure. Specifically, passwords are not to be left on or near the computer or my desk.

\_\_\_\_ I understand that the only individuals who can view data within the HMIS are authorized Users, though clients may be provided information about themselves contained in HMIS.

\_\_\_\_ I understand that I may only view, obtain, disclose, or use the database information that is relevant and necessary in performing my job.

\_\_\_\_ I understand that these rules apply to all Users of HMIS whatever their role or position.

\_\_\_\_ I understand that hard copies of HMIS data must be kept in a secure file.

\_\_\_\_ I understand that once hard copies of HMIS data are no longer needed, they must be appropriately destroyed to maintain confidentiality.

\_\_\_\_ I understand that if I notice or suspect a security breach I must immediately notify the local CoC HMIS System Administrator.

\_\_\_\_ I understand that I may not intentionally enter incorrect data.

\_\_\_\_ I will notify the appropriate local HMIS System Administrator within 24 hours of termination of employment.

\_\_\_\_ I agree to avoid any conflict of interest (see Section 5.2 of the HMIS P&P Manual) when viewing or editing client information within HMIS.

\_\_\_\_ I have read and understand the HMIS Confidentiality Guidelines.

\_\_\_\_ I have read and understood the HMIS Privacy Policy.

\_\_\_\_ I have read and understood the HMIS Code of Ethics.

I have read, understand, and agree to the Confidentiality Guidelines above.

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| Employee’s Signature |  | Date |
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| Supervisor’s Signature |  | Date |
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| CoC HMIS System Administrator Signature |  | Date |