VESTA Homeless Management Information System (HMIS) User Agreement

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| **New User Information** |
|  |
| Name: | User’s Last Name | User’s First Name | M.I. |
|  | *Last* | *First* | *M.I.* |
|  |
| Organization: | What CHO does the user work for? |
|  |
| Work Location: | User’s Work Location |
|  |
| Email Address: | User’s Email Address |
|  |
| Work Phone: | User’s Work Phone |
|  |
| Title: | User's Job Title |
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 I have read and will abide by all policies and procedures in the *Balance of State Continuum of Care’s HMIS Confidentiality and Privacy Plan.* I understand that I will be allowed access to confidential information and/or records in order that I may perform my specific job duties. I further understand and agree that I am not to disclose confidential information and/or client records without the prior written consent of the client or my employer unless such disclosure is required by law.

# User Responsibilities

Your User ID and Password give you access to data in the Balance of State CoC HMIS. Failure to uphold the confidentiality standards set forth below is grounds for suspension of HMIS user privileges until such time as the issue is resolved, or termination if no such resolution can be reached.

**Initial each item below to indicate your understanding and acceptance of the proper use of this access.**

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

 I must take all responsible means to keep my User ID and Password physically secure.

 I understand that the only individuals who may view Client files in HMIS are authorized users and the Client to whom the information pertains.

 I may only view, obtain, disclose, or use the database information that is necessary to perform my Assigned job duties.

 I will not leave a workstation where I am logged into HMIS unattended. I must LOG-OFF MAHMIS before leaving the work area.

 I understand that failure to log off HMIS may result in a breach in client confidentiality and system security.

 Hard copies of HMIS information must be kept in a secure file.

 When hard or soft copies of HMIS information are no longer needed, they must be properly destroyed or deleted to maintain confidentiality.

 I will not electronically transmit unencrypted client data across a public network. I understand that personally identifiable client data (Name, SSN, DOB) cannot be distributed through email.

 I will not use information recorded in HMIS to discriminate against a client in housing or services directly or indirectly on the basis of race, ethnicity, ancestry, skin color, religion, sex, gender identity, sexual orientation, national origin, age, familial status, or disability.

 I will notify my supervisor if I notice or suspect a breach in privacy or security.

# Ethical Use of MAHMIS Data

1. Users must be prepared to answer client questions regarding HMIS.
2. Users must allow clients to change their information sharing preferences at the clients’ request.
3. Each User should maintain high standards of professional conduct in the capacity as a HMIS User.
4. The User has primary responsibility for their client(s).

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| **User Acknowledgement** |
| **By signing my name and the date, I understand and acknowledge that:**1. I have been provided with a copy of my organization’s Privacy Notice;
2. I have been provided with a copy of the Balance of State CoC’s Privacy Notice; and
3. I will comply with their terms and with all the statements listed above.
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|  |  |
| Signature: |
|  |  |
| Print Full Name: |
|  |
| Date: |  |