

USER POLICY, RESPONSIBILITY STATEMENT, AND CODE OF ETHICS

(This form should be on file with the agency and a copy to HMIS)

USER POLICY

Partner agencies shall share information for provision of services to homeless persons and those at risk of homelessness through a networked infrastructure that established electronic communication among the partner agencies.

The Client Consent/Release of Information form shall be signed if the Client agrees that information about their situation can be shared in the HMIS database system. Minimum data entry on each client includes:

- General information identifying the Client by first and last name, date of birth, gender, ID number, race, ethnicity, and veteran status
- Proof of homelessness

Data necessary for the development of aggregate reports of homelessness service includes services needed, services provided, referrals and Client goals and outcomes.

The HMIS database system is a tool to assist agencies in focusing services and locating alternative resources to help homeless persons. Therefore, agency staff must use the Client information in HMIS only to target services to Clients' needs.

USER RESPONSIBILITY

Your username and password give you access to HMIS and the Service Point software. Failure to uphold the confidentiality standards as indicated below is grounds for immediate termination from HMIS database access and may result in disciplinary action from the partner agency as defined in the partner agency's personnel policies.

I agree to maintain the confidentiality of client information in HMIS in the following manner:

1. My username and password are for my use only and will not be shared with anyone.
2. I will take reasonable means to keep my password physically secure.
 - Written information pertaining to username and password shall not be stored or displayed in publicly accessible location.
 - I understand that I will be given a temporary password to log into ServicePoint. Upon initial login I will be prompted to create my own password. Passwords are to be at least eight characters long and include upper- and lower-case letters and numbers.
 - If my internet browser has the capability to remember passwords, I will not use this function.
3. I will only view, obtain, disclose, or use the database information that is necessary to perform my job.
4. I understand that the only individuals who may view or hear HMIS client information are authorized users, and I will take these steps to prevent casual observers from seeing or hearing HMIS client information:
 - I will log off HMIS before leaving my work area, or make sure that the HMIS database "timed out" before leaving my work area.
 - I will not leave unattended any computer that has HMIS "open and running".

- I will keep my computer monitor positioned so that persons not authorized to use HMIS cannot view it.
5. I will store hard copies of HMIS information in a secure file and not leave such hard copy information in public view on my desk, or on a photocopier, printer, or fax machine.
 6. Hard copy printouts of HMIS individual client data are part of a client's confidential file and must be kept in a secure file. If they are no longer needed, they must be properly destroyed to maintain confidentiality.
 7. I understand that a failure to follow these security steps appropriately may result in a breach of client confidentiality and system security. If such a breach occurs, my access to HMIS will be terminated and I may be subject to further disciplinary action as defined in the partner agency's personnel policy.
 8. If I notice or suspect a security breach, I will immediately follow my agency's protocol and notify the appropriate person(s).

USER CODE OF ETHICS

1. I will treat partner agencies with respect, fairness and good faith.
2. I will maintain high standards of professional conduct in his or her capacity as a HMIS user.
3. I will use HMIS in good faith to benefit Clients.
4. I will not discuss confidential client information with staff, clients, or client family members in a public area.
5. I will not discuss confidential client information on the telephone in any areas where the public might overhear my conversation.
6. I will enter accurate and complete information to the best of my ability, including all mandatory fields according to my agency's policies.
7. I will not transmit materials that are threatening, harassing or obscene.

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

HMIS Username (*please print*)

HMIS User Signature

Date

Agency Administrator Name (*please print*)

Agency Administrator Signature

Date

If you have any questions, contact: Carolyn Kesyer

Submit all completed documentation for user license setup and modification to:

Carolyn Kesyer
HMIS System Administrator
(585) 405-5035
ckesyer@letsendhomelessness.org

Janice Steimer
HMIS Coordinator
(585) 405-5039
jsteimer@letsendhomeless.org