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User Policy Agreement Example

The User Policy Agreement is electronically signed when an HMIS user first logs into HMIS, yearly, or when updated. The following is only an example of the policy agreement.

USER POLICY AGREEMENT

HMIS User Policy, Responsibility Statement and Code of Ethics

USER POLICY

Partner Agencies who use the Homeless Management Information System (HMIS) and each User within any Partner Agency are bound by various restrictions regarding Client information.

It is a Client's decision what personal information, if any, is entered into the HMIS. The Client Release of Information and Informed Consent form ("Client Release of Information") shall be signed by the Client before any identifiable Client information is entered into the HMIS. User shall insure that, prior to obtaining the Client's signature, the Client Release of Information form was fully reviewed with the Client in a manner reasonably calculated to ensure the client understood the information, and User will verify that the Client has had the opportunity to ask questions and that steps were taken as needed to assist the client in fully understanding the information. (e.g.: securing a translator if necessary).

USER CODE OF ETHICS

Users must be prepared to answer Client questions regarding the HMIS.

Users must faithfully respect Client preferences with regard to the entry and sharing of Client information within the HMIS. Users must accurately record Client's preferences by making the proper designations as to sharing of Client information and/or any restrictions on the sharing of Client information.

Users must allow the Client to opt in or out of releasing information for entry into the HMIS and changes to his/her information sharing preferences upon request. The Client Revocation of Consent form must be on file if the Client revokes consent to share his or her personal data.

Users must not refuse services to a Client, or potential Client, if that Client refuses to allow entry of personal information into the HMIS or to share personal information with other agencies via the HMIS.

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The User has primary responsibility for information entered by the User. Information that Users enter must be truthful, accurate and complete to the best of User's knowledge.

Users will not solicit from, or enter information about, Clients into the HMIS unless the information is required for a legitimate business purpose, such as providing services to the Client, and/or is required by the program funder.

Users will not use the HMIS database for any violation of any law, to defraud any entity or to conduct any illegal activity.

Upon Client written request, Users must allow a Client to inspect and obtain a copy of the Client's own information maintained within the HMIS. Information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding need not be provided to the Client.

Users must permit Clients to file a written complaint regarding the use or treatment of their personal information within the HMIS. Client may file a written complaint with either the Agency or the Department of Commerce – Housing Assistance Unit, HMIS Administrator at PO Box 42525, Olympia, WA 98504-2525. Client will not be retaliated against for filing a complaint.

USER RESPONSIBILITY

Your username and password give you access to the HMIS. Users are also responsible for obtaining and maintaining their own security certificates in accordance with the Agency Partner Agreement. All Users will be responsible for attending a Washington State Department of Commerce (Commerce) approved training class prior to their first use of the HMIS. Furthermore, all Users will be expected to attend a Commerce approved training class at least once every other year to ensure their understanding and acquisition of new material pertaining to the HMIS.

Please place a check in each box below to indicate your understanding and acceptance of the proper use of HMIS access. READ CAREFULLY. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from HMIS access and may result in disciplinary action from the Partner Agency as defined in the Partner Agency's personnel policies.

Please read these statements carefully.

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

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☐ My username and password are for my use only and will not be shared with anyone.

☐ I will read and abide by the HMIS Client Release of Information

☐ I will not use the browser capacity to remember passwords. I will enter the password each time I open HMIS.

☐ I will take reasonable means to keep my password physically secure.

☐ I will only view, obtain, disclose, or use the database information that is necessary to perform my job.

☐ I understand that the only individuals who may directly access HMIS Client information are authorized Users.

To prevent casual observers from seeing or hearing HMIS Client information:

☐ I will log off the HMIS before leaving my work area.

☐ I will not leave any computer or electronic device that has the HMIS "open and running" unattended.

☐ I will keep my computer monitor or electronic device positioned so that persons not authorized to use the HMIS cannot view it.

☐ I will not transmit confidential client information in email form.

☐ 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, on a photocopier, printer or fax machine.

☐ I will properly destroy paper copies of HMIS information when they are no longer needed unless they are required to be retained in accordance with applicable law. (RCW 40.14.060)

☐ I will not discuss HMIS confidential Client information with staff, Clients, or Client family members in a public area.

☐ I will not discuss HMIS confidential Client information on the telephone in any areas where the public might overhear my conversation.

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☐ I will not leave messages on my agency's answering machine or voicemail system that contains HMIS confidential Client information.

☐ I will keep answering machine volume low ensuring HMIS confidential information left by callers is not overheard by the public or unauthorized persons

☐ I will not transmit client identifying information via email.

☐ I understand that a failure to follow these security steps appropriately may result in a breach of Client HMIS confidentiality and HMIS security. If such a breach occurs, my access to the HMIS may be terminated and I may be subject to further disciplinary action as defined in the partner agency's personnel policy.

☐ If I notice or suspect a security breach, I will immediately notify the Director of my Agency and the Department of Commerce.

I understand and agree to comply with all the statements listed above: ☐ ← Check all the checkboxes here and above

Will clear out the signature line → RESET

APPLY

Will save the signature →

Use the device mouse or, if available an electronic pen, to sign.

_____

[*Auto Generated Date*]

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This form may not be amended except by approval of the Washington State Department of Commerce

Approved as to form by Sandra Adix, Assistant Attorney General, June 5, 2018

Read and check all boxes.
Click to Save.
Will not save without a signature applied. → SAVE