Oregon Community Continuum of Care
HMIS User Agreement

HMIS User's First / Last Name

Date

Agency Name

Manager's First / Last Name

Work Email

Manager Email

Work Phone

Access Level Requested
    Case Manager
    Agency Admin
    Other _____

Report License (mgmt. approval)
    Yes
    No

Please provide the project or project type to use during initial training:

All employees, volunteers, and individuals granted access to the BOS HMIS are required to adhere to established policies and protocols pertaining to the use of the Community Services (ServicePoint) HMIS.

Statement of Confidentiality

Employees, volunteers, and individuals with access to the BOS HMIS must follow established guidelines and requirements for using the Community Services (ServicePoint) HMIS. HMIS includes personal and confidential information about individuals; this information should be managed in accordance with professional standards by all users. Each Client has the right to decide what information is added to HMIS may be shared with other HMIS Partner Agencies. Clients are required to verbally consent to share data after hearing the Privacy Script or reading the Privacy Signs displayed in areas such as the agency's lobby, interview rooms, or other spaces where clients may be present.

    I have read the statement above

User Responsibility

By completing and signing this User Agreement, you are formally requesting a User ID and Password that will grant you access to HMIS, and you acknowledge your commitment to adhere to the enclosed Code of Ethics. Please initial each item below to confirm your understanding and acceptance regarding the appropriate use of your User ID and Password. Non-compliance with the ethical and confidentiality standards outlined herein may result in immediate termination of your HMIS access.

    I have read the statement above

BOS HMIS User Agreement

User Agreements

Please add your initials under each item indicating that you understand and agree to each. If you do not understand any item, please ask for an explanation and do not initial until you understand and agree.

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

I must take all reasonable means to keep my Password physically secure.

It is my responsibility to keep the HMIS Privacy Sign posted in the lobby and near my workstation.

It is my responsibility to read the HMIS Privacy Script to every head of household each time I collect data for an entry assessment (intake/program enrollment).

I am required to provide a written copy of the BOS Privacy Notice at the request of a client on the day of the request.

The only individuals who can view information in the HMIS are the Clients to whom the information pertains, and authorized Users at my organization/program, or at those Partner Agencies with a signed HMIS User Agreement & Code of Ethics forms.

I may only view, obtain, disclose, or use information necessary to perform my job.

I am required to log off the HMIS system or lock my computers before leaving the work area. I understand that failure to properly log off or secure the workstation may result in breaches of client confidentiality and poses risks to system security.

I must use the HMIS regularly. Failure to use the HMIS after 60 days may result in the de-activation or deletion of my license.

Hard copies of HMIS information must be kept in a secure file. When hard copies of HMIS information are no longer needed, they must be properly destroyed to maintain confidentiality.

If I notice or suspect a security breach, I must immediately notify my Agency Administrator. In the event it is not possible to contact my Agency Administrator, I must notify the HMIS System Administrator.

I can only use HMIS if I demonstrate competency in HMIS data entry and system use as well as program guidelines.

I will regularly attend the monthly HMIS user meetings and any mandated refresher training as required.

If I take a leave of absence for any reason (maternity/parental leave, medical leave, etc.) I must notify the HMIS Administrator immediately so my license can be temporarily de-activated. Upon return, I may contact the HMIS Administrator to re-activate my account.

When I terminate employment with this Agency, I must contact the Agency Administrator immediately so my access to HMIS can be de-activated.

I will ensure that I am not purposely creating a duplicate client record by checking first and last names, SSN, and DOB before creating a new client and will always use an existing client record if one exists.

BOS HMIS User Agreement

I am responsible for entering accurate and timely (within 24 hours) data on each Client and I am responsible for all data I enter into HMIS.

I am not to over-write complete data, collected/entered at an earlier time, with incomplete data (i.e., Refused, Don't Know, or Data Not Collected).

I am to make every effort to collect complete and accurate information at Intake, Review, Exit, and Follow-up and enter it correctly into the HMIS.

I am required to update data in any new assessment (Intake, Review, Exit, and Follow-up).

If I have HMIS System Administrator permission to work remotely, I will maintain the same security / confidentiality standards as when in the workplace.

Code of Ethics

- HMIS Users must treat Partner Agencies with respect, fairness, and good faith.
- Each HMIS User should maintain high standards of professional conduct in the capacity as an HMIS User.
- The HMIS User's primary responsibility is for his/her client(s).
- HMIS Users may not, under any circumstance, share HMIS related information with staff members who do not have the BOS HMIS User Agreement & Code of Ethics on file with the BOS HMIS System Administrator.
- The HMIS User may not make discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, or sexual orientation in the HMIS.
  I have read the statement above

User's Signature	Manager or Agency Admin Signature
Print Name	Print Name
Date	Date