

HOMELESS MISSOURIANS INFORMATION SYSTEM**User Policy and Responsibilities****Print Agency Name:**

Print Your Name:

This User will be entering data for the following funding streams:

- Continuum of Care Supportive Housing Project (SHP)
- Continuum of Care Shelter + Care Project (S+C)
- Emergency Shelter Grant Program (ESG)
- Homeless Prevention and Rapid Re-housing Program (HPRP)
- Missouri Housing Trust Funds – Homeless Prevention (MHTF/HP)
- Other Funding Please specify

As the guardians entrusted with this personal data, HMIS Users have a moral and a legal obligation to ensure that the data collected and accessed is used appropriately. It is the responsibility of each HMIS User to ensure that client data is only used for work related activities that have been made clear to clients and are consistent with the mission to assist families and individuals. Proper HMIS User training, adherence to the HMIS Policies and Procedures Manual, and a clear understanding of client confidentiality are vital to achieving these goals.

By executing this agreement you agree to abide by the following client confidentiality provisions:

- 1 Personal Usernames and Passwords must be kept secure and are not to be shared.
- 2 HMIS Users will only view, obtain, disclose, or use the database information that is necessary to perform their job.
- 3 HMIS Users will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals or entities and will take these steps to prevent casual observers from seeing or hearing HMIS client information. HMIS Users will read, initial, and abide by the following:
 - The computer monitor of a workstation used to access HMIS will be positioned to prevent unauthorized persons from viewing HMIS data.
 - Computer workstations used to access HMIS will never be left unattended when the HMIS database is open.
 - Printed copies of HMIS information will be kept in a secure file and not left in public view. This includes on a desk, photocopier, printer or fax machine.
 - Printed copies of HMIS information not included in the client's file will be burned or shredded.
 - Confidential client information will not be discussed with staff, clients, or clients' family members where it may be overheard by unauthorized persons.

Approved 06/03/2011

- 4 Only objective observations and non-biased opinions are to be entered in the “comments” section of the client file on the HMIS. Mental and/or physical health information, profanity, and offensive language are not permitted to be entered in this section. Discriminatory and/or derogatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex and sexual orientation are not permitted in the HMIS.
- 5 A Notice of Right to Refuse form must be signed by each client whose data is to be entered into HMIS. In addition, clients have a right to inspect, copy and request changes to their HMIS records.
- 6 Any HMIS User found to be in violation of the HMIS Policies and Procedures, or the points of client confidentiality in this User Policy and Responsibilities form, may be denied access to the HMIS.

I affirm the following:

1. I will obtain, read and abide by all policies and procedures in the HMIS Policies and Procedures Manual.
2. I will maintain the confidentiality of client data in the HMIS as outlined above and in the HMIS Policies and Procedures Manual.
3. I will only collect, enter, view and extract data in the HMIS relevant to the delivery of services to people experiencing a housing crisis in our community.

Partner agencies recognize the importance of client needs in the design and management of the Homeless Missourians Information System (HMIS). These needs include both the need continually to improve the quality of homeless and housing services with the goal of eliminating homelessness in our community, and the need vigilantly to maintain client confidentiality, treating the personal data of our most vulnerable populations with respect and care.

Your signature below indicates your agreement to comply with this statement of confidentiality. There is no expiration date of this agreement.

Name <i>(please print)</i>	Signature	Date
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Email Address	Phone
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Executive Director or Board President Name *(please print)*

Executive Director or Board President Signature	Date
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