

HMIS USER AGREEMENT

The following statements are defined as HMIS End-User Responsibilities for all users of FL-507 HMIS:

1. Users must be prepared to answer Client questions regarding HMIS.
2. Users must faithfully respect Client preferences with regard to the entry and sharing of Client information within HMIS. Users must accurately record Client's preferences by making the proper designations as to the sharing of Client information and/or any restrictions on the sharing of Client information.
3. Users must allow Client to change his or her information sharing preferences at the Client's request.
4. Users must not decline services to a Client or potential Client if that person refuses to allow entry of information into HMIS or to share their personal information with other agencies via HMIS.
5. The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.
6. Users will not solicit from or enter information about Clients into HMIS unless the information is required for a legitimate business purpose such as to provide services to the Client.
7. Users will not use HMIS database for any violation of any law, to defraud any entity, or conduct any illegal activity.
8. Upon Client's written request, users must allow a Client to inspect and obtain a copy of the Client's own information maintained within HMIS. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.
9. Users must permit Clients to file a written complaint regarding the use or treatment of their information within HMIS. Clients may file a written complaint with either the Partner Agency or Homeless Services Network (at 4065 LB McLeod Rd., Suite D, Orlando, FL 32854-7068).
10. Users may not retaliate against a Client for filing a complaint.
11. Users are responsible for obtaining and maintaining their own HMIS account security.
12. Users will not share access to their HMIS accounts with anyone.
13. Users will take reasonable means to keep chosen passwords physically secure.
14. Users will only view, obtain, disclose, or use the database information that is necessary to perform their jobs.
15. Users understand that only authorized individuals may directly access HMIS Client information and will take the following steps to prevent casual observers from accessing HMIS Client information:
 - a. Users will log off the HMIS before leaving their work area, or make sure that the HMIS database has "timed out" before leaving their work area.
 - b. Users will not leave unattended any computer that has HMIS "open and running".
 - c. Users will keep their computer monitors positioned so that persons not authorized to use HMIS cannot view the screen.
 - d. Users will store hard copies of HMIS information in a secure file and not leave such hard copy information in public view.
 - e. Users 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.
 - f. Users will not discuss HMIS confidential Client information with staff, Clients, or Client family members in a public area.
 - g. Users will not discuss HMIS confidential Client information on the telephone in any areas where the public might overhear my conversation.
 - h. Users will not leave messages on an agency's voice mail system that contains HMIS confidential Client information.
 - i. Users will take steps to ensure HMIS confidential information left by callers is not overheard by the public or unauthorized persons.
16. Users must 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, access to the HMIS may be terminated and users may be subject to further disciplinary action as defined in the Partner Agency's personnel policy.
17. If users notice or suspect a security breach, they will immediately notify the Director of their Agency and the Homeless Services Network HMIS Administrator.

User Agreement: I understand and agree to comply with all the statements above.

HMIS End User

Witness

(Print Full Name)

(Print Full Name)

(Signature)

Date: _____

(Signature)

(Job Title)

(Job Title)

(Agency)

(Agency)