

Monterey County
Homeless Management Information System
Partner Agency User Agreement

Agency Name

Employee/User Name

The Homeless Management Information System (HMIS) is a collaborative project of the Monterey Coalition of Homeless Service Providers. HMIS will enable homeless service providers to collect uniform client information over time. This system is essential to efforts to streamline client services and inform public policy. Through HMIS, homeless program clients benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to accurately calculate the size, characteristics, and needs of the homeless population; these data are necessary to service and systems planning and advocacy.

The Monterey Coalition of Homeless Service Providers recognizes the primacy of client needs in the design and management of the Monterey County HMIS. These needs include both the need continually to improve the quality of homeless and housing services with the goal of eliminating homelessness in Monterey County, and the need vigilantly to maintain client confidentiality, treating the personal data of our most vulnerable populations with respect and care.

As the guardians entrusted with this personal data, Monterey County HMIS users have a moral and a legal obligation to ensure that the data they collect is being collected, accessed and used appropriately. It is also the responsibility of each user to ensure that client data is only used to the ends to which it was collected, ends that have been made explicit to families and individuals in Monterey County to resolve their housing crises. Proper user training, adherence to the Monterey County HMIS Policies and Procedures, and clear understanding of client confidentiality are vital to achieving these goals.

The username and password give you access to the HMIS system. Initial each item below to indicate your understanding of the proper use of your username and password. Then, sign where indicated.

Initial Only

_____ I have received training on how to use the HMIS.

_____ I have read and will abide by all the HMIS Policies and Procedures.

_____ I understand that my username 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.

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_____ I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.

_____ I understand that I may only view, obtain, disclose, or use the database information that is necessary to perform my job.

_____ If I am logged into the HMIS and must leave the work area where the computer is located, I **must log-off** of the software before leaving the work area. Failure to do so may result in a breach in client confidentiality and system security.

_____ I understand that these rules apply to all users of HMIS, whatever their work role or position.

_____ I understand that all HMIS information (hard copies and soft copies) must be kept secure and confidential at all times and when no longer needed they must be properly destroyed to maintain confidentiality.

_____ I understand that if I notice or suspect a security breach within the HMIS, I must immediately notify my Agency Administrator.

_____ I will not knowingly enter malicious or erroneous information into the HMIS.

_____ I understand that my username and password will terminate should I move employment and will not be passed on to the new staff member.

_____ I agreed to attend a Monterey County confidentiality training or to view a video of that training

I agree to maintain strict confidentiality of information obtained through the Monterey County HMIS. This information will be used only for the legitimate client service and administration of the above named agency. Any breach of confidentiality will result in immediate termination of participation in HMIS.

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

Employee/User Signature

Date

Partner Agency Administrator Signature

Date