



St. Charles, Lincoln, & Warren
Continuum of Care

MO-503 Continuum of Care
Homeless Management Information System (HMIS)
User Policy and Confidentiality Statement

Agency Name (please print): _____

User Name (please print): _____

Partner agencies share information on provision of services to persons who are homeless or at risk of becoming homeless in an effort to better understand client needs and provide optimal service through communication and coordination.

Indicate the program(s) that you will be entering data for (check all that apply):

- _____ Emergency Shelter
_____ Transitional Housing
_____ Permanent Supportive Housing
_____ Supportive Services Only
_____ Emergency Solutions Grant
 Rapid Re-housing Homeless Prevention
 Emergency Shelter Street Outreach
_____ Missouri Housing Trust Fund (MHTF)
 Emergency Assistance Rental Assistance
_____ MHDC MO HIP
_____ Supportive Services for Veterans Families (SSVF)
_____ Local Funds
 Community Assistance Board O'Fallon CDBG
 St. Charles County CDBG St. Charles City CDBG
_____ FEMA
_____ Other _____

User Responsibilities:

Your unique username and password give you access to the HMIS software. As a HMIS User, you agree to maintain the confidentiality of Client information and abide by the following:

- My personal username and password will be kept secure and will not be shared with anyone.
- 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 view or hear HMIS Client information are Authorized users, and I will take these steps to prevent casual observers from seeing or hearing HMIS Client information:
 - I will log off of the HMIS before leaving my work area, or make sure that the HMIS database has "timed out" before leaving my work area.
 - My computer workstation will never be left unattended when the HMIS database is open.
 - I will keep my computer monitor positioned so that persons not authorized to use HMIS cannot view it.
 - 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, or on a photocopier, printer or fax machine.

- I will properly destroy hard copies of HMIS information when they are no longer needed.
- Confidential Client information will not be discussed with staff, clients, or client family where it might be overheard by unauthorized persons.
- I understand that a failure to follow security steps appropriately may result in a breach of Client confidentiality and system security. If such a breach occurs, my access to the HMIS will 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.

The Client shall be provided with a copy of the HMIS Summary of Privacy Notice and made aware of the availability of the Full Privacy Notice upon request. Client agrees that information about their situation can be entered into the HMIS database system.

Minimum data entry on each consenting client includes:

- General information identifying the Client by name, indicating family status and latest residential history;
- Client's current housing situation and the cause of their housing crisis;
- Shelter and Transitional housing utilization information, when appropriate;
- HUD Universal Data Elements and Program-Specific Data Elements.

I affirm the following:

1. I will treat partner agencies with respect, fairness and good faith.
2. I will read and abide by all policies and procedures for the HMIS.
3. I will maintain the confidentiality of client data in the HMIS as outlined above and in the HMIS Policies and Procedures.
4. I will only collect, enter, view and extract data in the HMIS relevant to the delivery of services to people requesting assistance in our community.
5. Clients have the right to receive assistance even if they do not choose to provide their information to the HMIS.

My signature below indicates my agreement to comply with this statement of confidentiality and user responsibility.

HMIS User Name (*print*)

HMIS User Signature

Date

HMIS User Email Address

HMIS User Phone

Compliance Monitor (*print*)

Compliance Monitor Signature

Date