HMIS User Policy, Code of Ethics, and Responsibility Statement

For:

From:

| User Name (*print name*) | Agency *(print or type name)* |

| User Agency Email | User Date of Hire |

1. USER POLICY

a. Partner Agencies who use the Snohomish County Homeless Management Information System (HMIS) and each User within any Partner Agency are bound by various restrictions regarding client information.

b. It is a client's decision about which information, if any, is entered into HMIS and whether that information is to be shared with any Partner Agencies. Prior to obtaining the client's signature, User shall review the **HMIS Informed Consent and Release of Information Form** with the client in a manner to ensure that the client fully understands the information (e.g., securing a translator if necessary). The **HMIS Informed Consent and Release of Information Form** must be signed by the client before any identifiable client information is designated in HMIS for sharing with any Partner Agencies.

2. USER CODE OF ETHICS

a. Users must be prepared to answer client questions regarding HMIS.

b. Users must faithfully respect client preferences with regard to the entry into and the sharing of client information within HMIS. Users must accurately record a client's preferences by making the proper designations as to sharing of client information and/or any restrictions on the sharing of client information.

c. Users must allow a client to change his or her information sharing preferences at the client's request.

d. 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.

e. The User has primary responsibility for information entered by the User. Information entered into HMIS by a User must be truthful, accurate, complete and timely to the best of User's knowledge.

f. 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.

g. Users will not use the HMIS database for any violation of any law, to defraud any entity or to conduct any illegal activity.

h. Upon client 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 the client.

i. 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 Agency or with the Snohomish County Human Services Department at 3000 Rockefeller Avenue, M/S 305, Everett, WA 98201. Clients may not be retaliated against for filing a complaint.

3. USER RESPONSIBILITY

Your username and password give you access to the HMIS system.

Initial each item below to indicate your understanding and acceptance of the proper use of your username and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from HMIS database access, and may result in disciplinary action from the Partner Agency as defined in the Partner Agency's personnel policies.

I agree to maintain the confidentiality of client information in HMIS in the following manner:

_____   a. My username and password are for my use only and will not be shared with anyone.

_____   b. I will read and abide by the **Snohomish County HMIS Client Privacy Rights**, ensuring clients understand their rights.

_____   c. I will not use the browser capacity to remember passwords: I will enter the password each time I log on to the HMIS.

_____   d. I will take reasonable means to keep my password physically secure.

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

_____   f. I understand that the only individuals who may directly access HMIS client information are authorized users, and I will take the following steps to prevent casual observers from seeing or hearing HMIS client information.

_____   (i) I will log off the HMIS before leaving my work area, or make sure that the HMIS database has "timed out" before leaving my work area.

_____   (ii) I will not leave unattended any computer that has HMIS "open and running."

_____   (iii) I will not use the HMIS system from an unauthorized computer (e.g., home computer) or unauthorized network (e.g., public Wi-Fi).

_____ (iv) I will keep my computer monitor positioned so that persons not authorized to use HMIS cannot view it.

_____ (v) I will store hard copies of HMIS information in a secure file and will not leave such hard copy information unattended or in public view on my desk, or on a photocopier, printer or fax machine.

_____ (vi) I 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.

_____ (vii) I will not discuss HMIS confidential client information with staff, clients, or client family members in a public area.

_____ (viii) I will not discuss HMIS confidential client information on the telephone in any areas where the public might overhear my conversation.

_____ (ix) I will not leave messages on my agency's voicemail system that contains HMIS confidential client information.

_____ (x) I will keep voicemail volume low, ensuring HMIS confidential information left by callers is not overheard by the public or unauthorized persons.

_____ g. I 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, my access to HMIS may be terminated and I may be subject to further disciplinary action as defined in the Partner Agency's personnel policy.

_____ h. If I notice or suspect a security breach, I will immediately notify the Director of my Agency and the Snohomish County HMIS Security Officer.

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

_____   _____   _____
HMIS User Signature   Date   HMIS User Name (*please print*)

_____   _____   _____
Agency Director Signature   Date   Agency Director Name (*please print)*