



Agency Agreement

As an authorized representative of _____, I have reviewed the CARES Regional HMIS Policies and Procedures document and I agree to comply and adhere to the guidelines at an agency level as defined therein.

CARES, Inc. agrees to house, report on and safeguard all client information entered into the CRHMIS in accordance to HIPAA, HITECH, HUD and CARES, Inc. privacy and security policies and regulations.

Authorized Participating Agency
Representative (Print)

Allyson Thiessen
Director of the HMIS Program and
Services Corporation for AIDS Research,
Education and Services, Inc. (CARES,
Inc.)

Authorized Participating Agency
Representative (Sign)

Date

Date