

2019 CRHMIS USER AGREEMENT

All CRHMIS Users must complete and sign this document to obtain access to the CRHMIS, and again every year thereafter to retain access.

INSTRUCTIONS: Submit completed form via email (to wrobson@caresny.org) or fax (ATTN: HMIS at 518-489-2237).

I. PURPOSE

This Agreement authorizes an individual to enter Protected Personal Information (PII)¹ into the HMIS, as approved and authorized by that individual's agency and CARES.

A Homeless Management Information System (HMIS) is a local information technology system used to collect data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. CARES of NY, Inc. (CARES) is the System Administrator of the CARES Regional HMIS (CRHMIS), the HMIS for this community.² All federally-funded homeless services agencies are required to participate in the HMIS. As a CRHMIS-participating agency, information about the individuals and households this agency serves is collected and stored within the private and secure CRHMIS. All employees at CRHMIS-participating agencies who access the HMIS are required to complete comprehensive initial HMIS User training, and annual trainings thereafter, to receive and maintain active HMIS User credentials (a unique UserID and password) that allow them to access the HMIS.

II. CONDITIONS

***By initialing below, I confirm that I meet the condition to be an authorized User:**

____ I have successfully completed HMIS New User Training.

____ I have read and understand my agency's policies and procedures regarding HMIS data, I have read and understand the HMIS Privacy Notice, and I have read and understand the most recent CRHMIS Policies and Procedures.

III. PROVISIONS³

***By initialing below, I confirm that I understand and that I agree to comply with the provision as an authorized User:**

A. USER CODE OF ETHICS

____ I understand that I will be allowed access to confidential information and/or Client records to be able to perform the duties of my job and nothing more.

____ I understand and agree that none of the following will be permitted within the HMIS: discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex and sexual orientation; profanity; and offensive language. and ability.

____ I will use the HMIS and the data within the HMIS only for the purposes of homeless service delivery. I will never use the HMIS to perform an illegal or malicious act.

B. DATA COLLECTION & ENTRY

____ I have read and understand the Universal Data Elements required for collection and entry into the HMIS for all programs, as well as all applicable Federal Partner Program Data Elements.⁴

____ I will enter data into the HMIS about Clients served that are accurate, truthful, and complete to the best of my knowledge. I will not knowingly enter false and/or misleading information into the HMIS.

____ I will collect and enter data into the HMIS in a comprehensive, accurate, and timely manner.

¹ Personal Identifying Information (PII): Any information that can be used to identify a particular individual; includes without limitation a Client's name, Social Security Number, Date of Birth, and such information that directly, indirectly, or by linking with other information can identify a specific individual.

² The CRHMIS uses the HIPAA-compliant AWARDS database and software application from software vendor Foothold Technology.

³ CRHMIS-participating agencies are "Agencies", clients receiving services from Agencies are "Clients", the CRHMIS is "the HMIS", data within the HMIS is "HMIS data", "workstations" are computers used to access the HMIS at Agencies, and trained persons with active HMIS User credentials are "Users."

⁴ Refer to the 2020 HMIS Data Standards Manual released by HUD for additional and specific information.



- ___ I will ensure that all Clients are provided with and understand the contents of the CRHMIS Client Consent form, and that all Clients will sign this form OR the CRHMIS Client Consent Refusal form before their data is collected.
- ___ I will only ask Clients to provide information considered to be appropriate and necessary for program operation, or that which is required by law or by the agencies that provide the funds to run the program.

C. DATA CONFIDENTIALITY & SECURITY AWARENESS

- ___ I understand that the only persons who may view Client information in the HMIS are authorized Users and the Client to whom the information pertains. I will not attempt to gain access to the HMIS beyond that which I am granted, and I will not prevent other authorized Users from accessing the HMIS at the level they are entitled to.
- ___ I will not share my HMIS User credentials with anyone. I will not store or display written HMIS User credentials in a public location, nor will I store digital HMIS User credentials on a local computer drive or within an internet browser at a shared or public workstation.
- ___ I will not leave a workstation unattended while logged into the HMIS; I will always log out of the HMIS prior to leaving a workstation.
- ___ I will protect, store, and dispose of any PII taken from the HMIS (electronic or printed) in a way that maintains Client confidentiality. I will never leave printed PII unattended in a publicly accessible location, and I will ensure that no digital PII is stored locally at a workstation prior to leaving the workstation.
- ___ I will not communicate Client-level PII outside of the HMIS system. I will never use email to communicate PII. I will only use the internal HMIS messaging and HelpDesk functions to transmit PII.
- ___ I will not access or use the HMIS on a device that does not meet the security standards described within the CRHMIS Policies and Procedures. I will ensure that any off-site or mobile device I use to access the HMIS is operating with up-to-date software, and I will not access the HMIS over an unsecured or public WIFI network.
- ___ I have received and will comply with the HMIS Privacy Notice, and I pledge to never disclose confidential information and/or Client records without prior written consent from the Client, unless such disclosure is authorized within the HMIS Privacy Notice.
- ___ I am aware of data disclosure procedures at my agency, and I will report any disclosure or possible disclosure of HMIS information to my Agency Administrator.
- ___ I understand and agree that if my relationship with my agency changes or terminates, all Client information that I entered into or obtained from the HMIS must remain confidential.
- ___ I have received the HMIS Privacy Notice and completed HMIS Annual Security & Privacy Training or completed HMIS New User Training within the past year.

IV. ACKNOWLEDGEMENTS & SIGNATURE

***By signing below, I confirm that** I have read and understand the entirety of this document and agree to uphold and comply with all provisions stated herein. I also understand that any violation of this User Agreement is grounds for immediate suspension or revocation of my access to the CRHMIS and may result in administrative disciplinary action and/or civil and criminal penalties.

PRINTED NAME OF USER	PRINTED NAME OF AGENCY ADMINISTRATOR
SIGNATURE OF USER	SIGNATURE OF AGENCY ADMINISTRATOR
DATE	DATE
AGENCY	
EMAIL ADDRESS OF USER	