



CCHMIS User Agreement

* Required

Personal Identifying Information (PII)

This Agreement authorizes a User to enter Protected Personal Information (PPI)* into the HMIS, as authorized by that User's agency and CARES.

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.

I. PURPOSE

CARES of NY, Inc. (CARES) is the System Administrator of the CARES Collaborative Homeless Management Information System (CCHMIS). The CCHMIS database uses the AWARDS system created and maintained by software vendor Foothold Technology. Agency participation in the CCHMIS means that information about Clients (and their households) receiving services from the agency is collected and stored within the private and secure computer database of the CCHMIS.

Clients receiving services from CCHMIS-participating agencies are "Clients", the CCHMIS is "the HMIS", data within the CCHMIS is "HMIS data", and trained persons with active User accounts allowing them to access the CCHMIS are "Users". Individuals at participating agencies requiring User access to the HMIS must complete all required training to receive a HMIS User Identification (UserID) and password.

1. USER CODE OF ETHICS *

Please check EACH box below acknowledging that you understand and agree with the provision as an authorized User:

- 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 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.
- Clients will only be asked 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. I will ensure that all Clients are provided with and understand the contents of the CCHMIS Client Release of Information.
- 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.

2. HMIS DATA *

Please check EACH box below acknowledging that you understand and agree with the provision as an authorized User:

- I will enter data into the HMIS on Clients served that are accurate, truthful, and complete to the best of my knowledge and ability, and do not misrepresent the client's information. I will not knowingly enter false and/or misleading information into the HMIS. I have read and understand the Universal Data Elements required for collection and entry into the HMIS for all programs.**
- 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.

3. DATA CONFIDENTIALITY *

Please check EACH box below acknowledging that you understand and agree with the provision as an authorized User:

- 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 never disclose confidential information and/or client records to any unauthorized entities without prior written consent from the client and my agency administrator or the HMIS Lead Agency (CARES of NY, Inc.), or unless such disclosure is required by law.
- 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 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. I will ensure that no digital PII is stored locally at a workstation prior to leaving the workstation.

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4. SECURITY AWARENESS *

Please check EACH box below acknowledging that you understand and agree with the provision as an authorized User:

- I will not share my UserID and/or password with anyone. I will not store or display written HMIS User identification credentials (UserID and password) in a public location. I will not store digital HMIS User identification credentials (UserID and password) on a local computer drive or within an internet browser at a shared or public workstation.
- I will not access or use the HMIS on a device that does not meet the security standards described within the CCHMIS.
- I will not leave a workstation unattended while logged into the HMIS. I will logout of the HMIS prior to leaving a workstation.
- I have completed the CCHMIS annual security and privacy training.
- I will report any disclosure or possible disclosure of HMIS information to my Agency Administrator.

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II. PROVISIONS

By checking the boxes below, I acknowledge that I understand and agree with the provision as an authorized User:

Definitions:

* 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.

** Refer to the HMIS Data Standards Manual released by HUD for additional information.

III. ACKNOWLEDGEMENT & SIGNATURE

By signing below, I confirm that:

1. I have read and understand this document, and I agree to uphold and comply with the provisions stated herein.
2. I have read and understand my agency's policies and procedures as well as the most recent CCHMIS Policies and Procedures, I and agree to comply with the provisions that apply to HMIS Users therein.
3. I understand that any violation of this User Agreement is grounds for immediate suspension or revocation of my access to the HMIS.

5. Agency Name *

6. Agency Administrator *

First and Last Name

7. Agency Administrator Email Address *

email@address.com If the text entered below is a valid email address, an confirmation email will be sent to this address following the submission of this form.

8. Name of User *

First and Last Name

9. User Email Address *

email@address.com If the text enter below is a valid email address, an confirmation email will be sent to this address following the submission of this form.

10. Phone Number *

Format: (###) ###-####

11. By checking the box 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 have read and understand my agency's policies and procedures as well as the most recent CCHMIS Policies and Procedures, I and agree to comply with the provisions that apply to HMIS Users therein. I understand that any violation of this User Agreement is grounds for immediate suspension or revocation of my access to the HMIS.

Send this completed form to: careshmis1@caresny.org