



## System Confidentiality and Use Agreement

HMIS is a client information system used to assess the needs of those individuals that utilize social services related to homelessness (“clients”), creates individualized service plans and records the use of housing and services, which communities can use to understand the utilization of services, identify gaps in the local service continuum and develop outcome measurements. Participating agencies and their system users must comply with the HMIS Policies and Procedures. Mid-America Regional Council (MARC) is the HMIS Lead Agency and serves as system administrator for the two Continuum of Care (“CoC”) organizations serving Jackson, Wyandotte and Johnson counties.

### A. Confidentiality

I understand that I will be allowed access to confidential information and/or records in order to perform my specific job duties. I further understand and agree that I am not to disclose confidential information and/or records without the prior consent of the appropriate authority(s).

I understand that my User ID and Password to HMIS are issued for my use alone. I further understand that I am solely responsible for all information obtained, through system access, using my unique identification. At no time will I allow any other person to use my account to access HMIS. I understand that accessing or releasing confidential information and/or records or causing confidential information and/or records to be accessed or released, on myself, other individuals, clients, relatives, etc., outside the scope of my assigned job duties would constitute a violation of this agreement. I understand my supervisor will be notified immediately of any violation and disciplinary action will be taken, up to termination of employment.

### B. User Responsibilities

Users shall enter accurate, complete and timely data in accordance with the HMIS Policies and Procedures. **Please read each statement below and sign your initials to indicate you understand and accept the terms.**

\_\_\_ My user ID and password are for my use only and must not be shared with anyone.

\_\_\_ I will take reasonable measures to keep my password secure.

\_\_\_ I understand that only authorized users can view information in the system and the clients to whom the information pertains.

\_\_\_ I will only access and use information that is necessary to perform my job.

\_\_\_ If I am logged into the system and must leave my computer, I will first log out.

\_\_\_ Any hard copies of electronic records will be kept in a secure file.

\_\_\_ When hard copies are no longer needed, I will ensure they are properly destroyed.

\_\_\_ If I notice or suspect a security breach or abuse of client confidentiality, I will immediately notify my HMIS Site Administrator or the HMIS System Administrator.

By affixing my signature to this document I acknowledge that I have been apprised of the relevant laws, concerning access, use, maintenance, and disclosure of confidential information and/or records which shall be made available to me through my use of the HMIS.

I further agree that it is my responsibility to assure the confidentiality of all information, which has been issued to me in confidence, even after my access to HMIS has ended. Pursuant to this agreement I certify that I have read and understand the laws concerning confidential information and/or records.

By signing the System Confidentiality and Use Agreement, you agree to comply with these terms and conditions. Failure to uphold these terms may result in loss of access or privileges.

_____	_____	_____	_____
User name (print)	Date	Agency representative name (print)	Date

_____	_____	_____	_____
User signature	Date	Agency representative signature	Date

Agency name \_\_\_\_\_

User email address \_\_\_\_\_

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