

HMIS User (Please print):
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**USER AGREEMENT/ CODE OF ETHICS**

This User Agreement/ Code of Ethics must be executed by every employee, contractor or volunteer of \_\_\_\_\_, (“the Participating Agency”). The Participating Agency uses the Indiana Housing and Community Development Authority’s Homeless Management Information System (“HMIS”). Each User within any Participating Agency is bound by various restrictions regarding Protected Personal Information (“PPI”). The employee, contractor, or volunteer whose name appears above is the User. PPI refers to information about a project participant that can be used to distinguish or trace the participant’s identity, either alone or when combined with other personal or identifying information using methods reasonably likely to be used, which is linkable to the project participant. Some of this information includes, but is not limited to: (A) a first and last name; (B) a home or other physical address; (C) contact information (including a postal, e-mail, Internet protocol address, or telephone or facsimile number); (D) a social security number, driver license number, passport number, or student identification number; and (E) any other information, including date of birth, racial or ethnic background, or religious affiliation. It is the Client’s decision as to what level of information will be provided to any Participating Agency. If the Participating Agency is covered by HIPAA or 42 CFR Part 2 (federally-defined treatment facility), it is also the Client's decision about whether the Participating Agency or IHCDA may use information for research purposes, unless certain other approvals have been obtained, such as from an Institutional Review Board. Participating Agency may not refuse or decline services to a Client or potential Client if that person refuses or is unable to provide information; however, some information may be required by the program to determine eligibility for housing or services, to assess needed services, or to fulfill reporting requirements.

**PPI USER GUIDELINES**

A User ID and password gives you access to the IHCDA HMIS. **You must initial each item below** to indicate your understanding and acceptance of the proper use of your ID and password. Failure to uphold the confidentiality standards set forth below is grounds for your immediate termination from the HMIS. *(Initial below.)*

	I understand that I have an obligation to maintain Client privacy and to protect and safeguard the confidentiality of Client's PPI. PPI shall include, but not be limited to, the Client's name, address, telephone number, social security number, type of medical care provided, medical condition or diagnosis, veteran status, employment information, and any and all other information relating to the Client's programming.
	My User ID and password are for my use only and must not be shared with anyone. I may not store or display my password in a publicly accessible location. I must take all reasonable precautions to keep my password physically secure.
	I understand that the only individuals who can view information in the HMIS are authorized Users who need the information for legitimate business purposes of the Participating Agency and the Clients to whom the information pertains.
	I may only view, obtain, disclose, or use information within the HMIS when it is necessary to perform my job and when it complies with the permitted uses of information in the HMIS Notice of Privacy Practices and the HMIS Statement of Privacy Practices. This includes that I will not disclose information that is outside the scope of the Privacy Practices without the Client’s written consent.

	If I am logged into the HMIS and must leave the work area where the computer is located, <b>I must log off and close the Internet browser or lock my workstation</b> before leaving the work area.
	Any hard copies of PPI printed from the HMIS must be kept in a secure file, and destroyed when no longer needed, in accordance with the Participating Agency's records retention policy. I will not leave hard copies of PPI in public view on my desk, or on a photocopier, printer, or fax machine.
	I will not discuss PPI with anyone in a public area.
	I have completed the online HMIS new user trainings including report training, security training, and confidentiality training. I understand the information presented in the trainings and agree to comply with the requirements discussed in these trainings. I understand that I may be required to undergo additional training in the future in order to maintain my HMIS User status.
	I have reviewed the <b>HMIS Notice of Privacy Practices</b> , the <b>HMIS Statement of Privacy Practices</b> , the <b>HMIS User Manual</b> , the <b>HMIS Agency Participation Agreement</b> , and the <b>HMIS Policies and Standard Operating Procedures</b> . I understand each of those documents and agree to abide by them.
	If I notice or suspect a security breach, I will immediately notify the Executive Director of the Participating Agency and the HMIS System Administrator.
	I understand that any violation of this Agreement may also be considered a violation of my employment relationship with the Participating Agency, and could result in disciplinary action, up to and including termination of my employment or affiliation with the Participating Agency, as well as potential personal civil and criminal legal fines and penalties.

### USER RESPONSIBILITIES

- A. Users must be prepared to answer Client questions regarding the HMIS.
- B. Users must respect Client preferences with regard to the entry and sharing of PPI within the HMIS. Users must accurately record Client's preferences by making the proper designations as to sharing of PPI and/or any restrictions on the sharing of PPI.
- C. Users must allow a Client to change his or her information sharing preferences at the Client's request (i.e., to revoke consent).
- D. Users must not decline services to a Client or potential Client if that person:
  - i. refuses to allow entry of information into HMIS (except if the information is required to determine eligibility for housing or services or to assess needed services, or if the information is required to be collected as a condition of a provider agreement).
  - ii. refuses to share his or her personal information with other service providers via HMIS.
- E. The User has primary responsibility for the information entered by the User. The information must be truthful, accurate, complete, and timely to the best of User's knowledge.
- F. The User will enter information into the HMIS database on a regular and consistent basis. "Regular and consistent" means within a five (5) business day period of intake or discharge. Annual update of a Client's status is also required.
- G. Users will not solicit from or enter information about Clients into the HMIS unless the information is required for a legitimate business purpose approved by the Agency such as to provide services to the Client. Users must enter information into the HMIS database only with respect to individuals which the Participating Agency serves or intends to serve, including through referrals.

- H. Users will not alter or over-write information entered by an agency other than their Participating Agency.
- I. Users will not include profanity or offensive language in the HMIS; nor will Users use the HMIS database, in violation of any law or to defraud any entity or to conduct any illegal or unauthorized activity.

**PASSWORD PROCEDURES**

By signing this Agreement, you agree to the following:

- A. When your User's account is created in the HMIS, you will be issued a temporary password. You will be required to change the temporary password the first time you log onto the HMIS.
- B. Your new password must have at least one number, must be between 8 and 12 characters, must have at least one non-letter, non-numeric character (such as !, ., { } [ ] @ # \$ % ^ & \* ( ) ), must contain at least one capital letter, and cannot be any of the previous six passwords you have used. Do not use passwords that include your username, the HMIS vendor's name, the HMIS name, the Participating Agency's name, or consist entirely of any word found in the dictionary or any of the forenamed words spelled backwards.
- C. Passwords are your responsibility, and you may not share passwords. They should be stored securely and be inaccessible to other persons. Passwords should never be stored or displayed in any publicly accessible location and should not be transmitted electronically without IHCD's permission.
- D. You should change your password periodically (e.g., at least once every quarter).

**USER GRIEVANCE PROCEDURE**

If you have a grievance with this User Agreement/ Code of Ethics, you may send a written complaint to the Participating Agency. If your complaint is not resolved to your satisfaction, you may send your written complaint to: IHCD, 30 S. Meridian Street, Suite 900, Indianapolis, Indiana 46204 Attn: Staff Attorney.

**I understand and agree to comply with the above User Agreement/ Code of Ethics, PPI User Guidelines, User Responsibilities, Password Procedures, and User Grievance Procedure.**

**I hereby certify that I have completed the online HMIS new user trainings including report training, security training, and confidentiality training.**

**WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five (5) years or both.**

\_\_\_\_\_  
HMIS User Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Participating Agency Executive Director Signature

Date \_\_\_\_\_

**Please scan and email the completed form to the HMIS Help Desk at [hmishelpdesk@ihcda.IN.gov](mailto:hmishelpdesk@ihcda.IN.gov).**

## HMIS User Information

*Please print and provide area codes for phone numbers.*

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Agency/Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Region Number: \_\_\_\_\_ Training Date: \_\_\_\_\_

**Please Check All That Apply:**

- HMIS
- United Way

Organization: \_\_\_\_\_

Program: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Workgroup (For IHCD use only: Do not write here): \_\_\_\_\_

User Login Name (For IHCD use only: Do not write here): \_\_\_\_\_