

USER AGREEMENT & ETHICAL STANDARDS
Homeless Management Information System
Administered by the North Carolina Coalition to End Homelessness

User Name _____

Participating Agency _____

Email Address _____

Office Phone _____

The Homeless Management Information System (HMIS) is a regional collaborative administered by the North Carolina Coalition to End Homelessness (NCCEH) as designated by each local Continuum of Care, with oversight for implementation and policies provided by the HMIS Advisory Board. HMIS is an internet-based data collection application designed to capture information about the numbers, characteristics, and needs of people experiencing homelessness and those at-risk of homelessness over time.

User Ethical Standards

- Users must ensure that their clients are fully aware that their Personally Identifying Information will be entered into HMIS.
- Users must follow the consent requirements of HMIS@NCCEH and any additional requirements of their Partner Agency.
- Users must allow their clients to decide what personally identifying information, if any, can be entered into HMIS and shared with Partner Agencies.
- Client consent may be revoked by the client at any time by a written notice.
- No client may be denied services for failure to provide consent to share HMIS data.
- Users will uphold the client's right to inspect, copy, and request changes in their HMIS records.
- Discriminatory comments based on race, color, religion, national origin, ancestry, disability, age, sex, sexual orientation, gender, or perceived gender identity are not permitted in HMIS.

User Responsibilities

Users must abide by user responsibilities and other provisions of the HMIS@NCCEH Operating Policies and Procedures.

- I understand if I have received services or housing and have a client account in HMIS, I am prohibited from editing my own file.
- I agree I will not edit the HMIS accounts of my immediate family members.
- I have read and will abide by all policies and procedures in the HMIS@NCCEH Operating Policies and Procedures.
- I understand that in order to receive an HMIS license I must complete training as outlined by NCCEH.
- I will only collect, enter, and extract data in HMIS relevant to the delivery of services for the clients with whom I work.

- I understand that my User ID and password are for my use only and must not be shared with anyone.
- I agree to keep my HMIS user-login and password secure. I will not use the browser capacity to remember passwords. I will enter my password each time I open HMIS.
- I agree to not leave my computer unattended while logged into the system and will log out of the system each time before leaving my work area.
- I agree not to use the HMIS at a publicly accessible workstation.
- I agree to properly protect and store in a secure location client-specific hardcopy information downloaded and/or printed from HMIS.
- I will not discuss HMIS confidential client information where the public might overhear my conversation, including reviewing voicemail messages.
- I agree to notify NCCEH within 5 working days if I suspect that HMIS security has been compromised. I will treat the occurrence or suspected occurrence of a security breach as confidential and will not notify anyone other than the parties named herein of the occurrence or suspected occurrence of such a breach.
- I understand that in the event that I am terminated or leave my employment with this agency, my access to the HMIS will be revoked. Further, I will notify NCCEH if I leave my current position.
- I understand that in order to maintain my license, I must log in at least once every 60 days, complete an annual privacy training, and complete other update trainings as required.
- I understand that it is my responsibility to maintain accurate information in HMIS. I will strive to ensure the error rate for Personally Identifiable Information (PII) and Universal Data Elements (UDEs) is under ten percent. I will make every reasonable effort to ensure collected data is entered into the HMIS within 10 business days.

User Signature and Assurances

- I understand that failure to comply with all guidelines listed above may result in termination of my HMIS license and will be reported to my employer.
- I certify I have read this document in its entirety and will comply with the polices and terms within it.
- I have read and will abide by all the policies and procedures in the HMIS Operating Policies and Procedures.

HMIS User Signature

Date