Marin County
Homeless Management Information System

Partner Agency User Agreement

Agency Name_____

Employee/User Name_____

The Homeless Management Information System (HMIS) is a collaborative project with participating homeless shelter and services providers in Marin County. HMIS will enable homeless service providers to collect uniform client information over time. This system is essential to efforts to streamline client services and inform public policy. Analysis of information gathered through HMIS is critical to accurately calculate the size, characteristics, and needs of the homeless population; these data are necessary to service and systems planning.

The HMIS project recognizes the diverse needs and vulnerability of the homeless community. HMIS's goal is to improve the coordination of care for individuals and families in Marin. With this it is important that client confidentiality is vigilantly maintained treating the personal data of our most vulnerable populations with respect and care.

As the holders of this personal data, Marin County HMIS users have an ethical and legal obligation to ensure that the data they collect is being collected, accessed and used appropriately. It is also the responsibility of each user to ensure that client data is only used for the purposes as outline in the HMIS Policies and Procedures.

The username and password provides you access to the HMIS system. Initial each item below to indicate your understanding of the proper use of your username and password. Then, sign where indicated.

Initial Only

_____I have received training on how to use the HMIS.

_____I understand that my username and password are for my use only and must not be shared with anyone. I must take all reasonable means to keep my password physically secure.

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I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.

I understand that I may only view, obtain, disclose, or use the database information that is necessary to perform my job.

If I am logged into the HMIS and must leave the work area where the computer is located, I **must log-off** of the software before leaving the work area. Failure to do so may result in a breach in client confidentiality and system security.

I understand that these rules apply to all users of HMIS, whatever their work role or position.

I understand that all HMIS information (hard copies and soft copies) must be kept secure and confidential at all times and when no longer needed they must be properly destroyed to maintain confidentiality.

I understand that if I notice or suspect a security breach within the HMIS, I must immediately notify my Agency Administrator.

I will not knowingly enter malicious or erroneous information into the HMIS.

Any questions or disputes about the data entered by another agency should be directed to the System administrator.

I understand that my username and password will terminate should I move employment and will not be passed on to the new staff member.

I agree to attend Marin County HMIS End-User training or complete an on-line training or equivalent user training.
I agree to maintain strict confidentiality of information obtained through the Marin County HMIS. This information will be used only for the legitimate client service and administration of the agency. Any breach of confidentiality will result in immediate termination of participation in HMIS.

I understand and agree to comply with all the statements listed above.

Employee/User Signature_____Date_____

Partner Agency Administrator Signature_____Date_____

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