Summit County HMIS User Agreement

The Summit County Continuum of Care recognizes the priority of client needs in the design and management of the Summit County HMIS. These needs include both the need to continually improve the quality of homeless and housing services with the goal of eliminating homelessness in Summit County, and the need to vigilantly maintain client confidentiality, treating the personal data of our most vulnerable populations with respect and care.

As the guardians entrusted with this personal data, Summit County HMIS users have a moral and a 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 to the ends to which it was collected, ends that have been made explicit to clients and are consistent with the mission of the Summit County Continuum of Care HMIS to assist families and individuals to resolve the housing crisis. Proper user training, adherence to the Summit County HMIS Policies and Procedures Manual, and a clear understanding of client confidentiality are vital to achieving these goals.

Relevant points regarding client confidentiality include:

- All client data has to be entered into the Summit County HMIS.

- A client consent form must be signed by each client whose data is to be shared with participating agencies in the Summit County HMIS.

- Client consent to share may be revoked by that client at any time through a written notice.

- No client may be denied services for failure to provide consent to share data with other agencies in HMIS.

- Clients have a right to inspect, copy and request changes in their HMIS records.

- Summit County HMIS users may not share client data with individuals or agencies that have not entered into an HMIS Agency Agreement with the Summit County Continuum of Care and obtained written permission from that client.

- Excluding information shared in the client profile, Summit County HMIS users may not share client data with any connecting agency that is not specified in their agency's HMIS Agency Agreement without obtaining written permission from the client.

- Summit County HMIS users will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals or entities.

- Personal User Identification and Passwords must be kept secure and are not to be shared.

- Confidential information obtained from the HMIS is to remain confidential, even if my relationship with _____(agency name) changes or concludes for any reason.

- Information beyond basic identifying data, which includes all assessment screens (all screens beyond profile, agency, and community fields), is not to be edited to update. If an update is needed, a new assessment must be created.

- Misrepresentation of the client base by entering known, inaccurate information is prohibited. Any information that is not given by the client should be left blank.

- Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex and sexual orientation are not permitted in the HMIS. Profanity and offensive language are not permitted in the HMIS.

- The HMIS is to be used for business purposes only. Transmission of material in violation of any United States Federal or State of Ohio regulations or laws is prohibited and includes material that is copyrighted, and/or legally judged to be threatening or obscene. The Summit County HMIS will not be used to defraud the Federal, State, or local government or an individual entity or to conduct any illegal activity.

- Any Summit County HMIS user found to be in violation of the Summit County HMIS Policies and Procedures, or the points of client confidentiality in this User Agreement, will result in immediate suspension of your access to the Summit County HMIS and may jeopardize your employment status with _____(agency name).

I affirm the following:

1. I have received training in how to use the Summit County HMIS.

2. I have read and will abide by all policies and procedures in the Summit County HMIS Policies and Procedures Manual.

3. I will maintain the confidentiality of client data in the Summit County HMIS as outlined above and in the Summit County HMIS Policies and Procedures Manual.

4. I will only collect, enter and extract data in the Summit County HMIS relevant to the delivery of services to people in housing crisis in Summit County.

Failure to comply with the provisions of this Confidentiality Statement is grounds for immediate termination. The signature below indicates an agreement to comply with this statement of confidentiality. There is no expiration date of this agreement.

Agency Name: _____
(Please print Agency Name)

User Work Title: _____
(Please print Work Title Name)

User Name: _____
(Please Print User Name)

_____
(User's Signature)   (Date signed)

Witness: _____
(Please print Witness Name and Title)

_____
(Witness's Signature)   (Date signed)