Baltimore City Homeless Management Information System (HMIS)
System User Agreement

Agency Name: _____

User Name: _____

Your User ID and Password give you access to the Baltimore City Homeless Management Information System (HMIS). As a user of this system, it is your responsibility to uphold the confidentiality, privacy and security of the information gathered from clients and entered into the system.

Please initial each item below to indicate your understanding and acceptance of the proper use of the HMIS. Failure to uphold these standards will result in the suspension of your user rights to the system.

_____ I have received (or will receive prior to authorization of my User ID) training on how to use the HMIS.

_____ I have read and will abide by the terms of the *System User Confidentiality Acknowledgement* and *HMIS Policies and Procedures*.

_____ I may only view, obtain, or use the client information from the database that is necessary to perform my job.

_____ My User ID and Password are for my use only and must not be shared.

_____ I will not allow an internet browser to save my HMIS password.

_____ I will not store my HMIS password in a location that is easily accessible to others (i.e. under my computer's keyboard or posted near my workstation).

_____ If I am logged into HMIS and must leave the area where the system is being utilized, I must log off the HMIS.

_____ I will not store any client level data on any personal electronic device.

_____ All clients' information will be entered into HMIS. Basic demographic information is shared with all HMIS participating organizations by default. Clients may choose not to share information beyond this with other participating organizations, but the sharing of all information is recommended.

_____ A client consent form must completed for each client, each year.

_____ Clients' consent to share all their information can be revoked at any time by completing a Revocation of Consent form at any HMIS participating agency.

_____ No client may be denied services for failure to provide consent to share additional information in the HMIS.

_____ Clients have a right to inspect, receive a copy, and request changes to their HMIS record.

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

_____   _____
User Signature   Date