Orange County HMIS User Agreement

This Agreement authorizes you, an HMIS User (User), to enter clients' Protected Personal Information (PPI) into the Orange County Homeless Management Information System (OC HMIS), as authorized by your organization and the CoC HMIS Administrator. You must complete the necessary training(s) prior to receiving a unique HMIS User Identification (User ID) and password.

By signing this form, you understand and agree that:

- I will use the data within the HMIS only for the purposes of homeless service delivery.
- I am not permitted to access the HMIS from any computer that has not been designated or approved by my organization.
- I have an ethical and a legal obligation to ensure that the data I collect and enter into HMIS is accurate and does not misrepresent the client's information.
- I will never use the HMIS to perform an illegal or malicious act.
- I will not attempt to increase the level of access to which I am authorized, or attempt to deprive other HMIS Users of access to the HMIS.
- I will not reveal or release PPI to unauthorized organizations, individuals, or entities.
- My HMIS User ID and password shall be kept secure and will not be shared.
- I will not leave my computer unattended while logged into the HMIS.
- I will protect and store client information printed from HMIS in a secure location.
- I will dispose of PPI printed from HMIS when it is no longer needed in a manner that maintains client confidentiality (in a shredder, etc.)
- If I suspect or encounter a security breach, I will immediately notify my organization's HMIS administrator.
- If my relationship with my organization changes or terminates, any client information that I entered into or obtained from the HMIS must remain confidential.
- Discriminatory comments based on race, religion, national origin, ancestry, disability, age, sex, and sexual orientation are not permitted in the HMIS. Profanity and offensive language are also not permitted in the HMIS.
- PPI that is transmitted electronically must be password protected to maintain confidentiality.
- I will comply with my organization's policies and procedures and the OC HMIS Policies and Procedures in my use of HMIS. Please contact your HMIS Administrator for the Policies and Procedures.
- Any violation of this User Agreement is grounds for immediate suspension or revocation of my access to the HMIS.
- I will protect the following rights of clients at all times:
    - A client may not be denied services for failure to provide consent for LA/OC HMIS data collection.
    - A client has the right to inspect, copy, and request changes in their LA/OC HMIS records.
    - A client's consent may be revoked by that client at any time through a written notice or by completing the Revocation of Consent form.
    - A copy of the Privacy Notice must be provided at the time the client requests.
    - Each client has the right to receive the following, no later than five (5) business days of a written request:

- A correction of inaccurate or incomplete PPI
- A copy of his or her consent form;
- A copy of his or her HMIS records; and
- A current list of participating organizations that have access to HMIS data.

Client Confidentiality and Informed Consent:

Confidentiality: As an HMIS User I will abide by my organization's policies and procedures; uphold all privacy protection standards established by the OC HMIS Policies and Procedures; and comply with all relevant federal and State of California confidentiality laws and regulations that protect client records.

Written Consent: As an HMIS User, I will inform each client that the client's information will be entered into an electronic database called HMIS. I will also explain the terms of the OC HMIS Client Consent form. I will obtain a wet signature from each client on the OC HMIS Client Consent form for each client whose PPI is entered into the OC HMIS.

Verbal Consent: Verbal consent to enter PPI into the OC HMIS may be obtained during circumstances such as phone screenings, street outreach, or community access center sign-ins. The client's written consent must be obtained once the client appears for his or her initial assessment. As an HMIS User, I will inform each client that the client's information will be entered into the HMIS database. I will also explain the terms of the OC HMIS Client Consent form.

My signature below confirms my agreement to comply with all the provisions of this Orange County HMIS User Agreement.

_____

Organization Name

_____   _____

Agency Administrator (Print Name)   HMIS User (Print Name)

_____   _____

Agency Administrator Signature   HMIS User Signature

_____   _____

Date   Date

DO NOT WRITE IN THIS SECTION. FOR 211OC USE ONLY.
HMIS Staff Account Creator:_____ Date:_____   HMIS User ID:_____