



USER RESPONSIBILITY STATEMENT and Agreement for use of HMIS

Agency's Name: _____

User's Name: _____

User's Email: _____

User's Contact Number: _____

Please initial each item below to indicate your understanding of proper access to Pathways Systems. Any failure to uphold the standards set forth below is grounds for immediate termination of system access.

By placing my initials next to each of the statements below, I affirm that I understand the following:

- ___ My user name and password are for my use only and will not be shared with others. I will take all reasonable means to keep my password private and physically secure.
- ___ The only individuals who will view HMIS information are authorized users and the individual client to whom the information pertains.
- ___ I will only view, obtain, disclose or use information in HMIS that is necessary to perform my job.
- ___ I will observe the client authorization and verification policy and process detailed in the Continuum of Care's HMIS Policies and Procedures document.
- ___ I will enter accurate, complete information to the best of my ability.
- ___ Hard copy printouts of, and downloaded files containing individual client data are part of a client's confidential file and will be kept in a secure location. If they are no longer needed they will be properly destroyed to maintain confidentiality.
- ___ A computer accessing HMIS will never be left unattended. If I am logged into HMIS, I will log off before leaving my work area.
- ___ I understand these rules apply to all HMIS users, whatever their role or position.
- ___ If I notice or suspect a security or confidentiality breach, I will immediately notify Pathways MISI and/or CoC staff

User Signature _____ Date: _____

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