

WEST CENTRAL ILLINOIS CONTINUUM OF CARE CONSORTIUM

HOMELESS MANAGEMENT INFORMATION SYSTEM

User Policy, Responsibility Statement, and Code of Ethics

I. USER POLICY

Partner agencies shall share information for provision of services to homeless persons and those at risk of homelessness through a networked infrastructure that establishes electronic communication among the partner agencies.

The Client Consent/Release of Information form shall be signed if the Client agrees that information about their situation can be entered into the HMIS database system. Minimum data entry on each consenting client includes:

- General information identifying the Client by name, indicating family status and latest residential history;
- Data detailing the client's current housing situation and the cause of their housing crisis;
- Shelter and Transitional housing utilization information, when appropriate.

Data necessary for the development of aggregate reports of homelessness service includes services needed, services provided, referrals and Client goals and outcomes.

The HMIS database system is a tool to assist agencies in focusing services and locating alternative resources to help homeless persons. Therefore, agency staff must use the Client information in HMIS only to target services to Clients' needs.

II. USER RESPONSIBILITY

Your username and password give you access to HMIS and the ROSIE software. Initial each item below to indicate your understanding and acceptance of the proper use of your username and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from HMIS database access, and may result in disciplinary action from the partner agency as defined in the partner agency's personnel policies.

I agree to maintain the confidentiality of client information in HMIS in the following manner:

___ My username and password are for my use only and will not be shared with anyone.

___ I will take reasonable means to keep my password physically secure.

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

___ I understand that the only individuals who may view or hear HMIS client information are authorized users, and I will take these steps to prevent casual observers from seeing or hearing HMIS client information:

___ I will log off of HMIS before leaving my work area, or make sure that the HMIS database has "timed out" before leaving my work area.

___ I will not leave unattended any computer that has HMIS "open and running".

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- ___ I will keep my computer monitor positioned so that persons not authorized to use HMIS cannot view it.
 - ___ I will store hard copies of HMIS information in a secure file and not leave such hard copy information in public view on my desk, or on a photocopier, printer or fax machine.
 - ___ I will properly destroy hard copies of HMIS information when they are no longer needed.
 - ___ I will not discuss confidential client information with staff, clients, or client family members in a public area.
 - ___ I will not discuss confidential client information on the telephone in any areas where the public might overhear my conversation.
 - ___ I will not leave messages on my agency's answering machine or voicemail system that contains confidential client information.
 - ___ I will keep answering machine volume low so that confidential information left by callers is not overheard by the public or unauthorized persons.
 - ___ I understand that a failure to follow these security steps appropriately may result in a breach of client confidentiality and system security. If such a breach occurs, my access to HMIS will be terminated and I may be subject to further disciplinary action as defined in the partner agency's personnel policy.
 - ___ If I notice or suspect a security breach, I will immediately notify the Director of my Agency.

III. USER CODE OF ETHICS

1. HMIS users will treat partner agencies with respect, fairness and good faith.
2. Each HMIS user will maintain high standards of professional conduct in his or her capacity as a HMIS user.
3. HMIS users will use HMIS in good faith to benefit Clients.
4. HMIS users have the responsibility to relate to the Clients of other partner agencies with full professional consideration.
5. Clients have the right to receive assistance even if they do not choose to provide their information to the HMIS.

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

HMIS User Name (*please print*)

HMIS User Signature

Date

Agency or System Administrator Name (*please print*)

Agency or System Administrator Signature

Date

