HMIS/COMMUNITY SERVICES USER POLICY, RESPONSIBILITIES STATEMENT, AND CODE OF ETHICS

**Send your completed form via email to HMISHelp@mainehousing.org

User: _____
       (Print Full Name of User)

User Work Phone Number: _____

User Work Email: _____

Agency: _____
      (Print Name of Agency)

List of Programs User Needs Access To: _____

_____

_____

User Role:

☐ Data Entry Only

☐ Reporting Only

☐ Data Entry and Reporting

PRIVACY AND DATA ACCESS

Consistent with client permissions and restrictions, agencies using Community Services in the Maine Homeless Management Information System (Maine HMIS) shall at all times have rights to the data pertaining to their clients entered by them. Maine State Housing Authority (MaineHousing), Maine HMIS, the agency, and any partner agencies with access to data, through a Release of Information (ROI), shall be bound by all restrictions imposed by the client pertaining to any use of that client's personal information.

Maine HMIS and Community Services are tools to assist the agencies in focusing services, locating alternative resources to help homeless persons, and to meet State and Federal reporting requirements. Designated MaineHousing HMIS staff will provide training, assistance, and support for using Community Services and assist in resolving data and database issues.

USER POLICY

Community Services users will comply with the policies and procedures of their agency and the Maine HMIS policies and procedures relating to Community Services and Maine HMIS data. Minimum data entry on each consenting client will be the data in the HUD Universal Data Elements (UDEs), plus any additional data required by the funding program, the agency or other commitments.

USER RESPONSIBILITY

Your user ID and password provide you access to your agency's data in the Community Services system. Initial each item below to indicate your understanding and acceptance of the proper use of this access. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the Community Services system.

_____ My user ID and password are for my use only and will not be shared with anyone.

_____ I will take all reasonable precautions to keep my password physically secure.

_____ I will never let anyone else know my password, use my password or access Community Services using my password.

_____ I will only let authorized individuals view information in the Community Services system (or the Client to whom the information pertains).

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

_____ I will only view, obtain, disclose, or use client information from Community Services for a client who is actively seeking or receiving services from my agency or the agency for which I enter data

_____ I will not leave a computer, where I am logged into Community Services, unattended.

_____ I will log out of Community Services before leaving the work area, even if the absence is for a short time.

_____ I understand that failure to log off Community Services appropriately may result in a breach of Client confidentiality.

_____ I will ensure that any and all printouts/hard copies of Community Services information are kept in a secure file.

_____ I will ensure that any printouts/hard copies of Community Services information that is no longer needed will be shredded or otherwise properly destroyed to maintain confidentiality.

_____ If I notice or suspect a security breach, I will immediately notify the MaineHousing HMIS staff.

USER CODE OF ETHICS

A. Community Services users will treat Partner Agencies with respect, fairness and good faith.
B. Community Services users will maintain high standards of professional conduct in their capacity as a Community Services user.
C. Community Services users will make every attempt to ensure that Client data is handled securely, responsibly, and in accord with the Client's wishes.
D. Community Services users have the responsibility to relate to the Clients of other Partner Agencies with full professional consideration.

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

_____
End User Signature   Date

_____
Agency Administrator/Supervisor (printed)   (signature)   Date

☐ **This HMIS User has been authorized to work from a home office or other remote location.**
   (Please attach the Agency Work-at-Home/Telecommuting Policy) _____
                                                                                        (Agency Admin Initials)

An up-to-date copy of all signed HMIS User Agreement forms must be on file with MaineHousing, the HMIS Lead Agency. Send your completed form via email to HMISHelp@MaineHousing.org

Completed by MaineHousing HMIS staff:

_____
HMIS Staff Signature   Date