

# Contributing HMIS Organization End User Agreement

## Butte County Continuum of Care Homeless Management Information System

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Agency Name

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End User Name (Agency Employee)

The Butte Countywide Homeless Continuum of Care (Butte CoC) Homeless Management Information System (HMIS) will enable homeless service providers to collect uniform client information over time. This system is essential to efforts to streamline client services and inform public policy. The system's effectiveness depends on the accurate and timely entry of client information by HMIS users (End Users), under the direction of the Contributory HMIS Organization (CHO) HMIS Administrator.

The Butte CoC recognizes the importance of client needs in the design and management of the Butte CoC HMIS. These needs include both program performance and client confidentiality. As guardians entrusted with this personal data, End Users have a moral and legal obligation to ensure that the data they collect is collected, accessed and used appropriately. It is also the responsibility of each End User to ensure that client data is only used to the ends for which it was collected— ends that have been made explicit to Clients to resolve their housing crises. Proper user training, adherence to the Butte CoC Policies and Procedures, and a clear understanding of client confidentiality are vital to achieving these goals.

To this end, please initial each item below to indicate your agreement to comply.

\_\_\_\_\_ I will receive training on how to use the HMIS prior to using it.

\_\_\_\_\_ I will participate in an HMIS update training annually as long as I am an End User.

\_\_\_\_\_ I have read and will abide by all the HMIS Policies and Procedures, including data standards as required by the Data Quality Plan, and protocols required by the Security and Privacy Plans.

\_\_\_\_\_ I understand that my username and password are for my use only and must not be shared with anyone. I must take all reasonable means to keep my password physically secure.

\_\_\_\_\_ I will ensure that paper documentation or physical files are complete, and are kept secure and confidential at all times, and when no longer needed are properly destroyed to maintain confidentiality.

\_\_\_\_\_ I will notify my CHO HMIS Administrator if deadlines appear to be in jeopardy, or if the HMIS Software System is not working properly, or with any other questions.

\_\_\_\_\_ I understand that the only individuals who can view HMIS information are authorized End Users and the clients to whom the information pertains.

\_\_\_\_\_ I understand that I may only view, obtain, disclose, or use the database information that is necessary to perform my job.

\_\_\_\_\_ If I am logged into the HMIS Software System and must leave the work area where the computer is located, I will log off of the software before leaving.

\_\_\_\_\_ If I use a laptop computer to enter HMIS data, I will not use the laptop for unauthorized purposes or from unauthorized locations.

\_\_\_\_\_ I understand that if I notice or suspect a security breach within the HMIS, I must immediately notify my CHO HMIS Administrator.

\_\_\_\_\_ If I notice or suspect a security breach committed by the CHO HMIS Administrator, I must immediately notify the HMIS Lead Agency.

\_\_\_\_\_ I will not knowingly enter malicious or erroneous information into the HMIS.

\_\_\_\_\_ I understand that my username and password will terminate should I move employment and will not be passed on to the staff person that replaces me.

\_\_\_\_\_ I understand that these rules apply to all HMIS End Users, whatever their work role or position.

I agree to maintain strict confidentiality of information obtained through the Butte CoC HMIS. This information will be used only for the legitimate client service and administration of the above-named agency. Any breach of confidentiality will result in immediate termination of participation in the Butte CoC HMIS. I understand and agree to comply with all the statements listed above.

\_\_\_\_\_  
End User Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CHO Administrator

\_\_\_\_\_  
Date