



Verification of Receipt and Understanding of the Butte Countywide Homeless Continuum of Care HMIS Privacy Security Plan

The Butte Countywide Homeless Continuum of Care (CoC) Homeless Management Information System (HMIS) Privacy and Security Plan contains important information regarding the expectations of Contributing HMIS Organizations (CHOs) and HMIS End Users. All HMIS Users must read, initial and sign this form:

_____ I acknowledge that I have received a copy of the Butte Countywide Continuum of Care's HMIS Privacy and Security Plan. I understand it is my responsibility to read and comply with policies contained in this plan as well as any revisions made to it. I also understand if I need additional information, or if there is anything that I do not understand in the Plan, I should contact my agency's CHO Administrator.

_____ I understand that this Plan reflects policies, practices, and procedures in effect on the date of publication and that it supersedes any prior plan. I further understand that rules, policies, expectations referred to in the Plan are evaluated and may be modified at any time, with or without notice. I acknowledge that the Plan will be updated by the CoC's HMIS/CES Committee and it is my responsibility to be aware of and to adhere to the changes in the Plan as they occur.

End User Name(Print): _____

End User Agency Name: _____

End User Signature: _____ Date: _____