

## Watsonville/Santa Cruz City & County Continuum of Care (CoC) Individual HMIS User Agreement and Code of Ethics

The primary focus in the design and management of the Watsonville/Santa Cruz CoC HMIS is to help consumers get and keep permanent homes. Achievement of this goal requires continual quality improvement of programs and services and the maintenance of consumer confidentiality by treating personal data with respect and care.

As the guardians entrusted with this personally identifiable information (PII), Watsonville/Santa Cruz CoC HMIS users have a moral and legal obligation to ensure that appropriate methods are practiced with the collection, access, and utilization of data. Each user must ensure that consumer data is only used for the purpose for which it is collected. Proper user training, adherence to the Watsonville/Santa Cruz City & County CoC Privacy Policy, and a clear understanding of consumer confidentiality are vital to achieving these goals. All Users are required to attend a CoC approved training class prior to their first use of the HMIS and annually thereafter.

Please check each box below to indicate your understanding and acceptance of the proper use of the HMIS system and data. PLEASE READ CAREFULLY. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from HMIS access and may result in disciplinary action from the CHO as defined in the CHO's personnel policies.

## BY CHECKING <u>EACH BOX</u> AND SIGNING THIS FORM, I UNDERSTAND THE FOLLOWING:

I agree to maintain the confidentiality of Consumer information in the HMIS in the following manner:
$\square$ My user ID and password are for my use only and must not be shared with anyone.
$\square$ I must take all reasonable means to keep my password physically secure.
$\square$ I understand that the only individuals who can view information in HMIS are authorized
users and the consumers to whom the information pertains.
$\square$ I may only view, obtain, disclose, or use the database information that is necessary to
perform the official duties of my job.
$\square$ I acknowledge that it is a consumer's decision about which information to share for entry
into HMIS and the data will only be shared with authorized HMIS partner agencies.
$\square$ I will ensure that an HMIS Consumer Notice is posted at any location consumer intake
services are provided and personally identifiable information (PII) is entered into HMIS.
$\square$ I will always provide consumers with a copy of the CoC Consumer Notice and an
Acknowledgement of its receipt shall be signed at least every three years. A copy of the
signed Acknowledgement will be uploaded and stored in the HMIS system.
$\square$ If I have a conflict of interest in entering data within HMIS, I will disclose that to my
supervisor. If I am a consumer with information in the Watsonville/Santa Cruz CoC HMIS,

or if I have immediate family members with information in the Watsonville/Santa Cruz CoC HMIS, I will not make changes to those files.

To	prevent casual observers from seeing or hearing HMIS Consumer information:
	If I am logged into HMIS and must leave the work area where the computer is located, I
	must log off HMIS before leaving the work area. Failure to log off HMIS may result in a
	breach of consumer confidentiality and system security.
	Hard copies of HMIS information must be kept in a secure file. When hard copies of HMIS
	information are no longer needed, they must be properly destroyed to maintain
	confidentiality.
	I will not discuss HMIS confidential Consumer information with staff, Consumers, or
	Consumer family members in a public area.
П	I will not discuss HMIS confidential Consumer information on the telephone in any areas
_	where the public might overhear my conversation.
П	I will not transmit confidential consumer or identifying information via unsecured and
	unencrypted email.
П	I will not leave messages on my agency's answering machine or voicemail system that
	contains HMIS confidential Consumer information.
П	If I notice or suspect a security breach, I must immediately notify my Agency Administrator
	and Bitfocus.
As	an HMIS User, I understand and will abide by the following Code of Ethics:
	Users must be prepared to answer Consumer questions regarding HMIS.
	Users must faithfully respect Consumer preferences about the sharing of their information
	within the HMIS.
	Users must accurately record Consumer's preferences by making the proper designations
	as to sharing of Consumer information and/or any restrictions on the sharing of Consumer
	information.
	Users must not refuse services to a Consumer, or potential Consumer, if that Consumer
	refuses to allow sharing personal information with other agencies via the HMIS.
	The User has primary responsibility for information entered by the User. Information that
	Users enter must be truthful, accurate and complete to the best of User's knowledge.
	Users will not solicit from, or enter information about, Consumers into the HMIS unless the
	information is required for a legitimate business purpose, such as providing services to the
	Consumer, and/or is required by the program funder.
	Users will not use the HMIS database for violation of any law, to defraud any entity or to
	conduct any illegal activity.
	Upon Consumer written request, Users must allow a Consumer to inspect and obtain a
_	copy of the Consumer's own information kept within the HMIS, unless sharing this
	information could result in significant harm to the health and safety of the consumer or
	others.

•	asonable anticipation of, or for use in oceeding need not be provided to t	
☐ Users must permit Consum their personal information	ners to file a written complaint regard within the HMIS. Consumers may co ing form. Consumer will not be retal	ding the use or treatment of mplete an HMIS <u>Data</u>
I understand and agree to co	mply with all the statements listed ab	pove.
Print Name	Signature	Date
Agency Name	Work Phone Number	Email Address