HMIS End User Policy and Code of Ethics

HMIS Username (Please Print)

USER POLICY

Partner Agencies who use the Northeast Illinois Homeless Management Information System (HMIS) and each User within any Partner Agency is bound by various restrictions regarding Protected Personal Information ("PPI"). The employee, contractor, or volunteer whose name appears above is the User.

It is a client's decision about what level of information is to be shared with any Partner Agencies. If your agency is covered by HIPAA or 42 CFR Part 2 (federally defined treatment facility), it is also the Client's decision about whether this Agency or Northeast Illinois HMIS may use information for research purposes, unless certain other approvals have been obtained.

Before any PPI is designated for sharing, the User shall ensure that the agency's HMIS Notice of Privacy Practices was fully reviewed with Client in a manner to ensure that Client fully understood the information. Any PPI not covered in the HMIS Notice of Privacy Practices must be covered by a signed client consent prior to sharing.

USER PRINCIPLES

A User ID and Password gives you access to the Northeast Illinois HMIS. You must initial each item below to indicate your understanding and acceptance of the proper use of your ID and password. Failure to uphold the confidentiality standards set forth below is grounds for your immediate termination from the HMIS.

(Initial each line below)

———— I understand that I have an obligation to maintain Client privacy and to protect and safeguard the confidentiality of Client's PPI. PPI shall include, but not be limited to, the Client's name, address, telephone number, social security number, type of medical care provided, medical condition or diagnosis, veteran status, employment information, and all other information relating to the Client's programming.

———— My User ID and Password are for my use only and must not be shared with anyone, including my supervisor(s). I must take all reasonable means to keep my Password physically secure.

———— I understand that the only individuals who can view information in the HMIS are authorized users who need the information for legitimate business purposes of this Agency and the Clients to whom the information pertains.

———— I may only view, obtain, disclose, or use information within the HMIS that is necessary to perform my job.

———— If I am logged into the HMIS and must leave the work area where the computer is located, I must logoff before leaving the work area.

———— Any hard copies of PPI printed from the HMIS must be kept in a secure file, and destroyed when no longer needed, in accordance with Agency's records retention policy. I will not leave hard copies of PPI in public view on my desk, or on a photocopier, printer, or fax machine.

———— I will not discuss PPI with anyone in a public area.

———— I have reviewed the Agency's Privacy Notice and the *HMIS Standard Operating Procedures*, understand each of those documents, and agree to abide by them.

———— If I notice or suspect a security breach, I must immediately notify the Agency Data Administrator or in their absence the Executive Director. The Agency Data Administrator and Executive Director are responsible for acting as instructed in the Standard Operating Procedures.

_____ I understand that any violation of this Agreement can lead to the suspension of my system access, and notification of such will be sent to my Employer.

USER CODE OF ETHICS

A. Users must be prepared to answer Client questions regarding the HMIS.
B. Users must respect Client preferences with regard to the sharing of PPI within the HMIS. Users must accurately record Client's preferences by making the proper designations as to sharing of PPI and/or any restrictions on the sharing of PPI.
C. Users must allow Client to change his or her information sharing preferences at the Client's request (i.e., to revoke consent) (except if that policy is over-ridden by Agency policy or if the information is required to be shared as a condition of a provider agreement).
D. Users must not decline services to a Client or potential Client if that person refuses to share his or her personal information with other service providers via the HMIS (except if that policy is over-ridden by Agency policy or if the information is required to be shared as a condition of a provider agreement).
E. The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.
F. Users will follow the Standard Workflow, answering all Universal and Program Specific Data Elements as described by local and Federal HMIS policies.
G. Users will not solicit from or enter information about Clients into the HMIS unless the information is required for a legitimate business purpose such as to provide services to the Client.
H. Users will not include profanity or offensive language in the HMIS; nor will Users use the HMIS database for any violation of any law, to defraud any entity or conduct any illegal activity.

PASSWORD PROCEDURES

By signing this Agreement, you agree that passwords
A. Are your responsibility and may not be shared.
B. Should be securely stored and inaccessible to other persons—including your supervisor(s).
C. Should never be stored or displayed in any publicly accessible location.
D. Should not be transmitted electronically.

USER GRIEVANCE PROCEDURE

If you have a grievance with this Code of Ethics, you may send a written complaint to your Employer.   If your complaint is not resolved to your satisfaction, you may send your written complaint to: DuPage County HMIS, 421 N County Farm Road, Wheaton, IL 60187, Attn: HMIS Manager.

I understand and agree to comply with the above User Policy, User Principles, User Code of Ethics, Password Procedures, and User Grievance Procedure.

HMIS User Signature: _____   Date:_____

Username: _____

Email Address: _____

Agency/System Administrator: _____   Date: _____