

**Colorado Homeless Management Information System
End User Request/Agreement**

Agency Name: _____	Date: _____
Agency Contact: _____	Phone: _____
Email: _____	

Name (end user): _____	Phone: _____
Email: _____	
Program or Site: _____	
Access Type: <input type="checkbox"/> Local Administrator <input type="checkbox"/> Agency User	Access Rights: <input type="checkbox"/> Data Entry <input type="checkbox"/> Reports

User Responsibilities:

As the guardians entrusted with this personal protected client level information (PPI), each Colorado HMIS User has a moral and a legal obligation to strictly adhere to appropriate collection, access, and utilization of data. As stewards of the client level data, each User is responsible for making sure that client data is collected in good faith that all community confidentiality policies and procedures are followed, that all data is entered accurately, timely and completely and that all data collected is used for the purpose for which it is collected. Please refer to the Continuum of Care's Policy and Procedure Manual and Data Quality Plan for more detailed information as it relates to HMIS data standards, privacy and confidentiality standards.

Your username and password grants you access to the Colorado HMIS. As an HMIS User it is important that you understand, accept, acknowledge and abide by the procedures that constitute proper use of the system and your Username and Password. Failure to follow these standards could lead to the immediate termination of your access of Colorado HMIS.

1. User names and password are for my use only and must never be shared with other agency users.
2. I must take all reasonable cautionary measures to ensure that my password is securely stored.
3. I understand that the only individuals who can view information in the Colorado HMIS are authorized Users, system administrators, and the Clients to whom the information pertains.
4. I may only view, obtain, disclose, or use the database information that is necessary to perform my job.
5. I cannot disclose or otherwise share this information with any outside entity unless prior permission is granted. Please refer to the CoC Security Plan for additional information.
6. If I am logged into the Colorado HMIS and I must leave my work area, I **must either log off** or ensure that my screen is locked prior to leaving to avoid unauthorized access to the system.
7. I must ensure that all hard copies of the Colorado HMIS forms are securely stored and are properly destroyed to maintain confidentiality.
8. If I notice or suspect a security breach, I must immediately notify the appropriate agency personnel or Colorado HMIS.

USER CODE OF ETHICS

- A. Each Colorado HMIS User must maintain high standards of professional conduct in their capacity as a User.
- B. The Colorado HMIS User has primary responsibility for his/her Client(s).

Authorization & Confidentiality Statement

I agree to protect the confidentiality of information obtained through the use of Colorado HMIS, comply with the above statements, and adhere to the guidelines outlined in the Policy & Procedure Manual and the Data Quality Plan.

Executive Director or Agency Site Administrator Signature

Date: _____

End User Signature

Date: _____

Colorado HMIS Use Only

User has completed HMIS User Training, HMIS Policy & Procedures Training

Colorado HMIS Name

Date: _____