

*WellSky*

HMIS User Policy, Responsibility Statement, & Code of Ethics

2020 User Agreement

**User Policy**

Partner Agencies shall share information for provision of services to homeless persons through a networked infrastructure that establishes electronic communication among the Partner Agencies.

Partner Agencies shall at all times have rights to the data pertaining to their Clients that was created or entered by them in the ServicePoint system. Partner Agencies shall be bound by all restrictions imposed by Clients pertaining to the use of personal data that they do not formally release.

It is a Client’s decision about which information, if any, entered into the ServicePoint system shall be shared and with which Partner Agencies. The Central Virginia Continuum of Care (CVCoC) Authorization of Release of Confidential Information form shall be signed if the Client agrees to share information with Partner Agencies.

Minimum data entry on each consenting Client will include:

* All programs are required to complete the HUD Required Universal Data Elements in the HUD 40118 (HUD APR) Assessment.
* Programs funded by HUD Continuum of Care Homeless Assistance will enter HUD Required Program-Specific Data Elements.

To the greatest extent possible, data necessary for the development of aggregate reports of the homeless services, including services needed, services provided, referrals, and Client goals and outcomes should be entered into the system.

**User Responsibility**

Your user ID and password give you access to the ServicePoint system. Initial each item below to indicate your understanding and acceptance of the proper use of your user ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the ServicePoint system.

\_\_\_\_\_\_\_\_ My user ID 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 understand that the only individuals who can view information in the ServicePoint system are authorized users and the Clients to whom the information pertains.

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

\_\_\_\_\_\_\_\_ If I am logged into ServicePoint and must leave the work area where the computer is located, ***I must log off*** ***of ServicePoint*** before leaving the work area.

\_\_\_\_\_\_\_\_ A computer that has ServicePoint “open and running” shall never be left unattended.

\_\_\_\_\_\_\_\_ Failure to log off ServicePoint appropriately may result in a breach in Client confidentiality and system security.

\_\_\_\_\_\_\_\_ Hard copies of ServicePoint information must be kept in a locked file.

\_\_\_\_\_\_\_\_ When hard copies of ServicePoint information are no longer needed, they must be properly destroyed to maintain confidentiality.

\_\_\_\_\_\_\_\_ If I notice or suspect a security breach, I must immediately notify the HMIS Administrator (The Planning Council).

**User Code of Ethics**

1. ServicePoint users must treat Partner Agencies with respect, fairness, and good faith.
2. Each ServicePoint user should maintain high standards of professional conduct in his or her capacity as a ServicePoint user.
3. The ServicePoint user has primary responsibility for his/her Client(s).
4. ServicePoint users have the responsibility to relate to the Clients of other Partner Agencies with full consideration.

**Technological Requirement for Participating Agencies** – All participating agencies must adhere to these requirements wherever HMIS will be accessed.

**HMIS Meeting Participation –** All HMIS users are required to attend at least 75% of the quarterly meetings and participate in ongoing training provided by the HMIS Lead and the HMIS Administrator.

**CVCoC HMIS Data Quality Plan** - All users shall consistently enter information into the ServicePoint database in compliance with the CVCoC HMIS Data Quality Plan.

***The Signature Below Constitutes Acceptance of the “User Policy, Responsibility, and Code of Ethics”***

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*Printed Name & Title of ServicePoint User*

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*Agency/Program Name*

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*Signature of ServicePoint User*  *Date*