HMIS User Agreement

Fill out this form and return by attaching it to a service request or mail to the following address if you are a new agency:

HMIS Administrators
Metro Dallas Homeless Alliance
2816 Swiss Ave.
Dallas, Texas 75204

This user agreement must be completed by the user and Agency Security Officer and training must be completed before access to the system is granted. Your Agency Security Officer must submit a training request using the service tool or the MDHA Trainer will contact you about training.

Name (Printed) **Title**

Agency Organization Name **Program Name**

Agency Email **Phone Number**

User Office Address **City** **State** **Zip Code**

User Statement of Confidentiality:
By signing this document, I agree to maintain strict confidentiality of information obtained through HMIS. This information will be used only for the legitimate client service and administration of the above-named agency. Any breach of confidentiality will result in a Notice of Violation and possible termination of my or my entire agency's participation in HMIS.

Please Initial to Agree to the Following Statements:

_____I understand that my username and password are for my use only. I will not share them with anyone.
_____I understand that I must take all reasonable means to keep my password hidden and secret.
_____I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.
_____I understand that I may only view, obtain, disclose, or use the database information that is necessary in performing my job. I will not look up information on family, employees, or friends, or for any other personal use.
_____I understand that these rules apply to all users of HMIS, whatever their work role or position.
_____I understand that any hard copies of HMIS information must be kept in secure files.
_____I understand that once hard copies of HMIS information are no longer needed, they must be properly destroyed (shredded) to maintain confidentiality of clients.
_____I understand that client Personal Protected Information (PPI) can only be sent over the internet with security measures in place detailed by the MDHA Privacy, Security, and Ethics training.

Signature Date

Agency Security Officer's Section (to be completed by the user's agency)

Please select the appropriate role(s) and database access for this user. For protection of all client data, MDHA asks that users have access to only what is needed to perform their jobs.

☐ Basic User (Access to perform assessments, case notes, services, basic reports, and day to day functions in system)
☐ Power User (Access to APR/CAPER/SSVF/RHY/PATH Reports in addition to basic user functions)

Will the user record VI-SPDATs within HMIS? ☐ Yes ☐ No

Will the user enter data for Coordinated Entry? ☐ Yes ☐ No
If Yes, what type of program? ☐ Access Point ☐ Housing Provider

Supervisor's Name (Print)

I verify computer system setup including firewall, virus protection, full system scan, and appropriate web browser for this user. I approve and accept responsibility for this user's access to the HMIS shared client information system. I attest that once this user no longer needs access to the HMIS system, I will notify the HMIS Team through the service request tool to remove user access.

Agency HMIS Security Officer Name (Print)

Agency HMIS Security Officer Signature

Phone

Date

HMIS Lead Admin Use Only

HMIS Username: _____

New User Training Date: _____

Date Account Updated: _____

Assigned Workgroup(s):
☐ HMIS Programs
☐ Emergency Shelter
☐ Street Outreach
☐ Other _____