



2000 Crawford, Suite 700
Houston, Texas 77002
Tel: 713-739-7514
Fax: 713-739-8038
www.homelesshouston.org

HMIS User License Agreement

The Homeless Management Information System (HMIS) is a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness. The HMIS provides an unduplicated count of clients served within a Continuum of Care (CoC) – the community’s system of homeless services. Additionally, the HMIS application is used to configure, facilitate, and protect data integrity and sharing among Contributory HMIS Organizations (Participating Agencies) for the purpose of coordinated service delivery and reporting in the CoC region. The Coalition for the Homeless of Houston/Harris County (the Coalition) is the HMIS Lead Agency as defined by HUD and ClientTrack is the HMIS application used by the CoC.

PURPOSE OF POLICIES & PROCEDURES FOR DATA IN THE TX-700 HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

The purpose of this agreement is to: 1) ensure that information collected as part of HMIS will affirm the basic right of clients to have the confidentiality of their information protected; 2) establish directions for the release of confidential information; 3) cite ethical/legal exception to the right of confidentiality; and 4) create procedures to ensure client confidentiality while providing for the exchange of information necessary for continuity of care.

USER POLICY, RESPONSIBILITY STATEMENT, & CODE OF ETHICS

User Policy

At the discretion of the Participating Agency, information for provision of services may be shared through HMIS among the Partner Agencies.

Consistent with client permissions and restrictions, agencies using HMIS shall have access to the data pertaining to their clients entered by them. The Coalition for the Homeless, the agency, and any Participating Agency with access to data, through a release of information, shall be bound by all restrictions imposed by the client pertaining to any use of that client’s personal information. Participating Agencies bound by HIPPA or 42 CFR Part 2 are expected to develop and administer appropriate consent and Notice of Privacy Practices documentation in compliance with all appropriate State and Federal regulations.

Minimum data entry on each client shall consist of the Universal Data Elements as defined in the October 2017 HUD Data Standards. This standard is subject to modification by State and Federal policymakers. Data necessary for the development of aggregate reports of homeless services, including services needed, services provided, referrals, client goals and outcomes should be entered to the greatest extent possible.

HMIS is a tool to assist agencies in focusing services and locating alternative resources to help homeless persons. Therefore, agency staff shall only use client information in HMIS to target services to the client’s needs.

User Responsibility

Your User ID and password gives you to access HMIS. Initial each item below to indicate you understand and accept the proper use of your User ID and password. Failure to uphold the confidentiality standards set forth below may result in a breach of client confidentiality, and is grounds for immediate termination from HMIS.

- My User ID and password are for my use only and I will not share them with anyone.
- I will take reasonable precautions to keep my password physically secured.
- I will never log into HMIS and allow someone to work under my user account.
- I will not knowingly enter false or misleading client information in HMIS under any circumstances.



2000 Crawford, Suite 700
Houston, Texas 77002
Tel: 713-739-7514
Fax: 713-739-8038
www.homelesshouston.org

- I will only view, obtain, disclose, or use the database information that is necessary to perform my job.
- I understand that failure to log off HMIS appropriately may result in a breach in client confidentiality.
- I will ensure that all printouts/hard copies of HMIS information be kept in a secure file, and shredded or otherwise properly destroyed when no longer needed.
- If I notice or suspect a security breach, I will immediately notify the Coalition HMIS staff.
- I understand that in the event that I am terminated or leave my employment with this agency, my access to HMIS will be revoked.
- I understand that if I do not log into HMIS for more than 45 days, my user account will be locked out and my agency will be charged a user reactivation fee.
- I will review all HMIS Policies and Procedures, and comply with them as applicable.

User Code of Ethics

As the guardians entrusted with this personal data, HMIS users have a moral and a legal obligation to ensure that the data is being collected, accessed, and used appropriately. It is also the responsibility of each user to ensure the client data is only used to the ends to which it was collected, the ends that have been made explicit to clients and are consistent with the mission of the CoC, to use HMIS to advance the provision of quality services for homeless person, improve data collection, and promote more responsive policies to end homelessness

- HMIS Users must treat partner agencies with respect, fairness, and good faith.
- Each HMIS User should maintain high standards of professional conduct in the capacity as a HMIS User.
- HMIS User will make every effort to assure that client data is handled securely, responsibly and in accord with the clients' wishes.
- HMIS Users have the responsibility to relate to the clients of other partner agencies with full professional consideration
- Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in HMIS.
- Users must not use the HMIS with intent to defraud the federal, state, or local government or an individual entity; or to conduct any illegal activity; or to solicit clients for personal gain.

I understand and agree to comply with all the statements listed above.

User Name (print full name): _____

User Signature: _____

User E-mail: _____ User Phone Number: _____

Agency: _____

User Supervisor Signature: _____

DO NOT WRITE IN THIS SECTION. FOR COALITION HMIS STAFF ONLY.	
_____ Trainer	_____ Date of Training
_____ HMIS Staff Signature	_____ Date