

TCHSC

Treasure Coast Homeless Services Council

Connect Collaborate Cultivate

HMIS END USER AGREEMENT

Agency Name (please print):

End User Name (please print):

HMIS End Users will comply, to the best of their ability, with both the policies and procedures of their organization and those of the TCHSC HMIS. As guardians of personal data, TCHSC HMIS users have a moral and legal obligation to ensure that the data they collect is being collected, accessed, and used appropriately. It is also the responsibility of each user to ensure that client data is only to assist clients in our community to resolve their housing crisis. Proper user training, adherence to the HMIS Policies and Procedures Manual, and a clear understanding of client confidentiality are vital to achieving these goals.

Important points regarding client confidentiality include:

- A client consent form (release of information) must be signed by each adult client whose data is to be entered and shared through HMIS.
- Client consent may be revoked by the client at any time through written notice.
- No client may be denied services for failure to provide consent for HMIS data collection.
- With the exception of case notes, clients have a right to inspect, copy and request changes in their HMIS records.
- HMIS Users will maintain HMIS data in such a way to protect against revealing the identity of clients to unauthorized agencies, individuals, or entities.
- End users will not share their HMIS passwords with anyone.
- Any HMIS User found to be in violation of the HMIS Policies and Procedures or the points of client confidentiality in this User Agreement may be denied access to the HMIS system.

By signing this agreement, you are affirming the following:

- I have received training to show me how to utilize the HMIS system.
- I have read and will abide by all policies and procedures of the HMIS Policies and Procedures Manual.
- I will maintain the confidentiality of client data in the HMIS as outlined about and in the HMIS Policies and Procedures Manual. I will not share my password with anyone.
- I will only collect, enter, and extract data in the HMIS relevant to the delivery of services to individuals who are unhoused, at risk of becoming unhoused, and formerly unhoused experiencing a crisis in our community.

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2525 St. Lucie Ave, Vero Beach, FL 34960

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End User Job Title: _____

End User Office Address: _____

City: _____ State: _____ Zip: _____

End User Office Phone (and extension): _____

User and Agency have entered into this End User Agreement. The parties have read and understood the foregoing terms of the Agreement and do hereby agree to the terms thereof.

User Signature

Date

I authorize this User to have access to the TCHSC HMIS for this Agency.

Name

Date

Title

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