



User Policy and Code of Ethics

USER POLICY AND CODE OF ETHICS

Partner Agencies who use the Northeast Illinois Homeless Management Information System (“HMIS”) and each User within any Partner Agency is bound by various restrictions regarding Protected Personal Information (“PPI”). The employee, contractor, or volunteer whose name appears at the bottom of this form is the User.

It is a Client’s decision about what level of information is to be shared with any Partner Agencies. If this Agency is covered by HIPAA or 42 CFR Part 2 (federally defined treatment facility), it is also the Client's decision about whether this Agency or Northeast Illinois HMIS may use information for research purposes, unless certain other approvals have been obtained.

Before any PPI is designated for sharing, the User shall ensure that the Agency's HMIS Notice of Privacy Practices was fully reviewed with Client in a manner to ensure that Client fully understood the information. Any PPI not covered in the HMIS Notice of Privacy Practices must be reviewed by the Client and consented to in writing prior to sharing.

For services covered by funds received from the Department of Justice, Office on Violence Against Women, Agency is required to comply with Violence Against Women Act’s (“VAWA”) Confidentiality Provision referred to in 23 U.S.C. 12291(b)(2) as well as any applicable provisions found in the Illinois Domestic Violence Act (“IDVA”) (750 ILCS 60/*et. al.*).

USER PRINCIPLES

A User ID and Password gives you access to the Northeast Illinois HMIS. You must 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 your immediate termination from the HMIS.

Review and Initial each line below.

Initial	User Principles
	I understand that I have an obligation to maintain Client’s privacy and to protect and safeguard the confidentiality of Client's PPI. PPI is defined in accordance with applicable federal and state law and shall include, but not be limited to: the Client's name, address, telephone number, social security number, type of medical care provided, medical condition or diagnosis, veteran status, employment information, and all other information relating to the Client's programming.
	My User ID and Password are for my use only and must not be shared with anyone, including my supervisor(s). I must take all reasonable means to ensure my User ID and Password are physically secured and not readily accessible to others.
	I understand that the only individuals who can view information in the HMIS are authorized users who need the information for legitimate business purposes of this Agency and the Clients to whom the information pertains.

User Policy and Code of Ethics

Initial	User Principles
	I may only view, obtain, disclose, or use information within the HMIS that is necessary to perform my job functions.
	If I am logged into the HMIS and must leave the work area where the computer is located, I must log out of HMIS before leaving the work area.
	Any hard copies of PPI printed from the HMIS must be kept in a secure file and properly destroyed when no longer needed, in accordance with Agency's records retention policy. I will not leave hard copies of PPI in public view on my desk or on a photocopier, printer, or fax machine.
	I will not discuss PPI with anyone in a public area.
	I have reviewed the Agency's Privacy Notice and the <i>HMIS Standard Operating Procedures</i> , understand each of those documents, and agree to abide by them.
	If I notice or suspect a security breach, I must immediately notify the Agency Data Administrator or, in their absence, the Executive Director. The Agency Data Administrator and Executive Director are responsible for acting as instructed in the Standard Operating Procedures.
	I understand that any violation of this Agreement can lead to the suspension of my system access, and notification of such will be sent to my Employer.

USER CODE OF ETHICS

- A. User must be prepared to answer Client questions regarding the HMIS.
- B. User must respect Client preferences regarding provision and the sharing of personal protected information (PPI) within the HMIS. Users must accurately record Client's preferences by making the proper designations as to sharing of PPI and/or any restrictions on the sharing of PPI data by default will not be shared in the comparable HMIS database.
- C. User must allow Client to change his or her information sharing preferences at the Client's request (i.e., to revoke consent), unless such changes are overridden by Agency policy or if the information is required to be shared as a condition of a provider agreement.
- D. User must not decline services to a Client or potential Client if that person refuses to share his or her personal information with other service providers via the HMIS, unless such refusal is overridden by Agency policy or if the information is required to be shared as a condition of a provider agreement.
- E. The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate, and complete to the best of User's knowledge.
- F. User will follow the Standard Workflow, answering all Universal and Program Specific Data Elements as referenced by the DuPage County Continuum of Care and Federal HMIS policies.
- G. User will not solicit from or enter information about Clients into the HMIS unless the information is required for a legitimate business purpose such as to provide services to the Client.
- H. User will not include profanity or offensive language in the HMIS.



User Policy and Code of Ethics

- I. User will not use the HMIS database to defraud any entity, conduct any illegal activity or any other purpose that would violate any state or federal law.

PASSWORD PROCEDURES

By signing this Agreement, User agrees that passwords:

- A. Are User's responsibility and may not be shared.
- B. Should be securely stored and inaccessible to other persons—including User's supervisor(s).
- C. Should never be stored or displayed in any publicly accessible location.
- D. Should not be transmitted electronically.

By signing this agreement, I acknowledge that I have read, understand, and agree to comply with the HMIS User Policy, User Principles, User Code of Ethics, and Password Procedures. I understand that if I violate the User Policy and Code of Ethics or any HMIS Standard Operating Procedures, my access to HMIS may be restricted or revoked. I understand that I may contact my Agency Data Administrator or the HMIS System Administrators for HMIS-related support.

HMIS User Signature: _____

Date: _____

Print Name: _____

Email: _____

Agency/System Administrator Signature: _____

Date: _____