WESTCHESTER COUNTY CONTINUUM
OF CARE PARTNERSHIP FOR THE
HOMELESS

c/o WC DCMH
112 East Post Road, 2nd Floor
White Plains, NY 10601
(914) 995-5220
(914) 995-6220 (fax)

HMIS User Agreement

	Westchester County Department of Social Services
Partner Agency Name	HMIS Lead Agency Name

The Partner Agency coordinates activities and shares information on homeless and at-risk persons and families in the Homeless Management Information System (HMIS) administered by the Lead Agency, and its agents. The partner agency retains the right to client data created or entered in HMIS by its users and shall be bound by all HMIS policies pertaining to data use, access and restrictions.

USER RESPONSIBILITIES

Users shall enter accurate, complete and timely data in accordance with HMIS policies and procedures. Please read each statement below. Failure to uphold these responsibilities may result in loss of access or privileges.

- ✓ My user ID and password are for my use only and must not be shared with anyone.
- ✓ I will take reasonable measures to keep my password secure.
- ✓ I understand that the only authorized users can view information in the system and the clients to whom the information pertains.
- ✓ I will only access and use information that is necessary to perform my job.
- ✓ If I am logged into the system and must leave my computer, I will first log out.
- ✓ Any hard copies of electronic records will be kept in a secure file.
- ✓ When hard copies are no longer needed, I will ensure they are properly destroyed.
- ✓ If I notice or suspect a security breach or abuse of client confidentiality, I will immediately notify my HMIS Site Administrator or the HMIS System Administrator.

CODE OF ETHICS

- ✓ I will treat clients with respect and fairness in good faith.
- ✓ I will maintain high standards of professional conduct in my capacity as an HMIS User.
- ✓ I will be responsible for my client's information.

By signing the User Agreement, you agree to comply with the above terms and conditions.

USER NAME [PRINT]	DATE	ADMINISTRATOR NAME [PRINT]	DATE
USER SIGNATURE	DATE	ADMINISTRATOR SIGNATURE	DATE