

**HAWAII HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
CLARITY USER AGREEMENT**

(Please type or clearly print all information)

User's Full Name: _____ Agency Name: _____

User's Email Address: _____

Zip Code of User's Employment Location: _____

Access Requested (circle all that apply): Agency Staff / Agency Lead / VI-SPDAT / Health Plan

Statement of Confidentiality:

Staff, volunteers, and any other persons with access to the Homeless Management Information System (HMIS) are subject to certain guidelines regarding its use. HMIS contains a wide range of personal and private information on individuals and all such information must be treated carefully and professionally by all who access it.

Guidelines for use of HMIS include:

- Personal User Identification and Passwords must be kept secure and are not to be shared.
- Informed client or guardian consent, as documented by a current Authorization to Release form, is required before entering, updating, editing, printing, or disclosing basic identifying information via the HMIS.
- Informed client or guardian consent, as documented by a current Authorization for Release of Information with a HMIS clause, is required before entering, updating, editing, printing, or disclosing information beyond basic identifying non-confidential information.
- Confidential information obtained from the HMIS is to remain confidential, even if my relationship with my employer changes or concludes for any reason.
- Only individuals that exist as clients under the Agency jurisdiction may be entered into the HMIS.
- Misrepresentation of the client base by entering known, inaccurate information is prohibited.
- Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in the HMIS. Profanity and offensive language are not permitted in the HMIS.
- Transmission of material in violation of any United States Federal or State of Hawaii regulations or laws is prohibited and includes material that is copyrighted, legally judged to be threatening or obscene, and considered protected by trade secret.
- The HMIS will not be used to defraud the Federal, State, or local government or any individual entity or to conduct any illegal activity.
- Any unauthorized access or modification to computer system information or interference with normal system operations will result in immediate suspension of your access to the HMIS.

Your signature below indicates your agreement to comply with this statement of confidentiality. Submit a completed agreement to Partners In Care (PIC), Data Coordinator in order to receive a new employee user code.

Employee: _____ *Executive Director:* _____
Signature _____ *Date* _____ *Signature* _____ *Date* _____

Printed Name _____ *Date* _____ *Printed Name* _____ *Date* _____

HMIS User Agreement Forms for current employees and those no longer employed by the Agency should be kept on file for seven years at the agency and with the HMIS Administration Team.