

# Coalition HMIS User Agreement

The Volusia-Flagler County Coalition for the Homeless recognizes the priority of client needs in the design and management of the Coalition HMIS. These needs include both the need to continually improve the quality of homeless and housing services with the goal of eliminating homelessness in Volusia and Flagler Counties, and the need to vigilantly maintain client confidentiality, treating the personal data of our most vulnerable populations with respect and care. **Client data should be input into HMIS within 72 hours of assisting a client(s).**

As the guardians entrusted with this personal data, Coalition HMIS users have a moral and a legal obligation to ensure that the data they collect is being collected, accessed, and used appropriately. Each user is also responsible for ensuring that client data is only used for the purpose for which it was collected, ends that have been made explicit to clients and are consistent with the mission of the Volusia-Flagler County Coalition for the Homeless to assist families and individuals to resolve the housing crisis.

Proper user training, adherence to the Coalition HMIS Policies and Procedures Manual, and a clear understanding of client confidentiality are vital to achieving these goals.

Relevant points regarding client confidentiality include:

1. A client consent form must be signed or verbal consent obtained by each client whose data is to be entered into the Coalition HMIS.
2. Client consent may be revoked by that client at any time through a written notice.
3. No client may be denied services for which they are otherwise eligible if they fail to provide consent for HMIS data collection.
4. Clients have a right to make a written request to inspect copy and request changes in their HMIS records.
5. Coalition HMIS users may not share client data with individuals or agencies that have not entered into an HMIS Agency Agreement with the Volusia-Flagler County Coalition for the Homeless and can only do so if they have obtained written permission from that client.
6. Excluding information shared in the client profile, Coalition HMIS users may not share client data with any connecting agency that is not specified in their agency's HMIS Agency Agreement without obtaining written permission from the client.
7. Coalition HMIS users will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals or entities.
8. Personal User Identification and Passwords must be kept secure and are not to be shared.
9. Confidential information obtained from the HMIS is to remain confidential, even if my relationship with \_\_\_\_\_ changes or concludes for any reason.
10. Information beyond basic identifying data, which includes all assessment screens (all screens beyond profile, agency, and community fields), is not to be edited. If an update or correction is needed, a new assessment must be created.
11. Misrepresentation of the client database by entering known, inaccurate information is prohibited. Any information that is not given by the client should be left blank.
12. Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex and sexual orientation are not permitted in the HMIS.
13. Profanity and offensive language are not permitted in the HMIS.
14. The HMIS is to be used for business purposes only. Transmission of material in violation of any United States Federal or State of Florida regulations or laws is prohibited and includes material that is copyrighted, and/or legally judged to be threatening or obscene. The Coalition HMIS will not be used to defraud the Federal, State, or local government or an individual entity or to conduct any illegal activity.
15. Any Coalition HMIS user found to be in violation of the Coalition HMIS Policies and Procedures, or the points of client confidentiality in this User Agreement, is subject to immediate suspension of his/her access to the Coalition HMIS.

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I affirm the following:

1. I have received training in how to use the Coalition HMIS.
2. I have will read and abide by all policies and procedures in the Coalition HMIS Policies and Procedures Manual - <http://www.vfcontinuum.org/hmis.html>.
3. I will maintain the confidentiality of client data in the Coalition HMIS as outlined above and in the Coalition HMIS Policies and Procedures Manual.
4. I will only collect, enter and extract data in the Coalition HMIS relevant to the delivery of services provided by my agency.

Failure to comply with the provisions of this Confidentiality Statement is grounds for immediate termination. The signature below indicates an agreement to comply with this statement of confidentiality. There is no expiration date of this agreement.

Agency Name: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

User Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_