

**Individual User Agreement**  
**Indianapolis Homeless Management Information System**

\_\_\_\_\_  
**User Name (Please Print)**

\_\_\_\_\_  
**Agency/Program Name (Please Print)**

\_\_\_\_\_  
**User Phone Number with Extension (Please Print)**

\_\_\_\_\_  
**User Email Address (Please Print)**

Indianapolis providers recognize the primacy of client needs in the design and management of the Indianapolis Homeless Management Information System. These needs include the desire to improve community efforts that will lead to the elimination of homelessness in Indianapolis, the need to maintain client confidentiality, and the need to treat personal data of individuals with the utmost respect and care.

As the guardians entrusted with this personal data, Indianapolis HMIS users have a moral and a legal obligation to ensure that the data being collected is accessed and used appropriately. It is also the responsibility of each user to ensure that client data is only used to the ends to which it was collected - ends that have been made known to clients and are consistent with the mission of the Indianapolis HMIS. Proper user training, adherence to the Indianapolis HMIS Policies and Procedures Manual, and a clear understanding of client confidentiality are vital to achieving these goals.

**Relevant points regarding client confidentiality include:**

- Partner Agencies shall at all times have rights to the data pertaining to their clients that was created or entered by them in the Indianapolis HMIS. Partner Agencies shall be bound by all restrictions imposed by clients pertaining to the use of personal data that they do not formally release.
- All Partner Agencies must have a signed HMIS Agency Agreement with the Coalition for Homelessness Intervention and Prevention in order to participate in the HMIS.
- Client data may be entered into the HMIS with client oral consent.
- Client authorization to share data in the Indianapolis HMIS may be revoked by that client at any time through a written notice.
- No client may be denied services for failure to provide authorization for sharing data within the HMIS.
- Clients have a right to inspect, copy and request corrections in their HMIS records.
- Indianapolis 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.
- Any Indianapolis HMIS User found to be in violation of the Indianapolis HMIS Policies and Procedures, the points of client confidentiality in this User Agreement, or the points of user responsibility in this User Agreement, may be denied access to the Indianapolis HMIS.

**I affirm the following points of User Responsibility:**

- I have received a copy of the HMIS Privacy Notice. I understand and agree to comply with the Privacy Notice.
- I will provide reasonable accommodation to persons with disabilities and persons that do not speak English to ensure that they understand the Privacy Notice.
- I will maintain the confidentiality of client data in the Indianapolis HMIS as outlined above and in the Indianapolis HMIS Policies and Procedures Manual and the Privacy Notice. I will comply with state and federal law governing the collection, storage, and use of client information, and I will comply with the Continuum of Care procedure for providing notice and/or consent to clients.
- I will only collect, enter, view, disclose and extract data in the Indianapolis HMIS that is necessary to perform my job.
- I will keep my username and password secure and will not share my username and password with other individuals inside or outside my organization.
- I must take all reasonable means to keep my password physically secure.
- If I am logged into the Indianapolis HMIS and must leave the work area where the computer is located, I **must log off** of the Indianapolis HMIS before leaving the work area.
- A computer that has the Indianapolis HMIS “open and running” shall never be left unattended.
- Hard copies of Indianapolis HMIS information must be kept in a secure file.
- When hard copies of Indianapolis HMIS information are no longer needed, they must be properly destroyed to maintain confidentiality.
- If I notice or suspect a security breach, I must immediately notify my Agency Site Administrator for the Indianapolis HMIS or the HMIS System Administrator at the Coalition for Homelessness Intervention and Prevention.

I understand and agree to comply with all the statements listed above.

\_\_\_\_\_  
Signature, Indianapolis HMIS User

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Partner Agency Site Administrator

\_\_\_\_\_  
Date