



Code of Ethics for Persons Using

Arizona Balance of State Continuum of Care Homeless Management Information System (AZBOSCOC HMIS)



As an HMIS User (agency staff or agency volunteer) of the AZBOSCOC HMIS who enter information into HMIS or views electronic information in HMIS, I agree to the following (*please initial each line*):

- _____ I understand that my User ID and Password give me access to the AZBOSCOC HMIS.
- _____ My User ID and Password are for my use only and *I will not share*, or allow them to be shared, with any person for any reason.
- _____ I will take all reasonable means to keep my User ID and Password physically secure to prevent its use by any other person.
- _____ I understand that the only individuals who can view information in the AZBOSCOC HMIS are authorized users and the clients to whom the information pertains.
- _____ I understand that not all users can view all information.
- _____ I will only view, obtain, disclose, or use the database information that is necessary to perform my job.
- _____ If I am logged into the HMIS and must leave my work area for any length of time, I must log-off the HMIS and close the Internet browser before leaving the work area. Failure to log off the HMIS appropriately may result in a breach in client confidentiality and system security.
- _____ I will obtain and file a hard copy of such client consent forms as are required by my agency, state and/or federal law and the AZBOSCOC HMIS.
- _____ I understand that I must save data at regular intervals because the system will log off at 15-minute intervals without automatically saving the information that I have entered.
- _____ I agree to enter data into the HMIS in accordance to the policies of my agency and the standards of the AZBOSCOC HMIS.
- _____ I agree that I will not enter in the HMIS discriminatory comments made by or about an employee, volunteer, or other person based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation. I understand that offensive language and profanity are not permitted in the AZBOSCOC HMIS. This does not apply to the input of direct quotes by a client IF the Agency believes that it is essential to enter these comments for assessment, service, and treatment purposes.
- _____ I agree to use the HMIS ONLY for business purposes related to serving the clients of my agency.
- _____ If I notice or suspect a security breach, I shall immediately notify the designated HMIS Contact person in my agency or the AZBOSCOC HMIS System Administrator.

_____ As an AZBOSCOG HMIS user, I will treat other Member Agencies and their staff with respect, fairness and good faith.

_____ As an HMIS user, I will treat clients and potential clients of my agency and other agencies, with respect, fairness, and good faith in obtaining and entering their data.

_____ As a HMIS user, I will maintain high standards of professional conduct.

_____ As a HMIS user, I recognize that my primary responsibility is to my client.

_____ I understand that I may be subject to personnel action, including but not limited to termination from employment or volunteer status, from my employer for failure to comply with this Code of Ethics.

I have read, understand, and agree to comply with all of the statements above.

User Signature

Date

Print User Name and Job Title

User E-mail Address

Agency Name

Following to be completed by new user's supervisor or authorized agency personnel:

As supervisor, please select the role of this new user (*only select one*):

Case Manager II

Agency Admin

Does this new user require an ART License? Yes No

Agency Administrator or Executive Director's Signature

Date

Job Title