

## **New User Setup Instructions**

### **Code of Ethics for Persons Using HMIS**

User Name: \_\_\_\_\_

As a user (agency staff or agency volunteer) of the HMIS who enters information into HMIS or views electronic information in HMIS, I agree to the following: (Please initial)

- \_\_\_\_\_ I understand that my User ID and Password give me access to 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 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 HMIS and must leave my work area for any length of time; I must log-off HMIS and close the Internet browser before leaving the work area
- \_\_\_\_\_ A computer that has HMIS open and running shall never be left unattended by the person with the authorization to use that computer.
- \_\_\_\_\_ Failure to log off 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 HMIS.
- \_\_\_\_\_ I understand that I must save data at regular intervals because the system will log off at 30-minute intervals without automatically saving the information that I have entered.
- \_\_\_\_\_ I agree to enter data into HMIS in accordance to the policies of my agency and the standards of HMIS.

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- \_\_\_\_\_ 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 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 HMIS System Administrator.
- \_\_\_\_\_ As an 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 an HMIS user, I will maintain high standards of professional conduct.
- \_\_\_\_\_ As an 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.**

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User Name

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Agency Name

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User Signature

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Date

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Supervisor (or HMIS Primary Contact) Signature

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Date