

HMIS / SERVICEPOINT USER POLICY, RESPONSIBILITIES STATEMENT, & CODE OF ETHICS

User: _____
(print full name of user)

User work phone number: _____

User work e-mail: _____

Agency: _____
(print name of Agency)

PRIVACY AND DATA ACCESS

Consistent with client permissions and restrictions, agencies using ServicePoint in the Maine Homeless Management Information System (Maine HMIS) shall at all times have rights to the data pertaining to their clients entered by them. Maine State Housing Authority (MaineHousing), Maine HMIS, the agency, and any partner agencies with access to data, through a release of information, shall be bound by all restrictions imposed by the client pertaining to any use of that client's personal information.

Maine HMIS and ServicePoint are tools to assist agencies in focusing services, locating alternative resources to help homeless persons, and to meet State and Federal reporting requirements. Designated MaineHousing HMIS Staff will provide training, assistance, and support for using ServicePoint and assist in resolving data and database issues.

USER POLICY

ServicePoint users will comply, to the best of their ability, with both the procedures and policies of their agency and those Maine HMIS policies and procedures relating to ServicePoint and Maine HMIS data. Minimum data entry on each consenting client will be the data in the HUD universal data elements plus any additional data required by the funding program, the agency or other commitments.

USER RESPONSIBILITY

Your User ID and Password give you access to your agency's data in the ServicePoint system. Initial each item below to indicate your understanding and acceptance of the proper use of this access. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the ServicePoint system.

_____ My User ID and Password are for my use only and will not be shared with anyone.

_____ I will take all reasonable precautions to keep my Password physically secure.

_____ I will never let anyone else know my password, use my Password, or access ServicePoint using my password.

_____ I will only let only individuals who are authorized view information in the ServicePoint system (or the Client to whom the information pertains).

_____ I will only view, obtain, disclose, or use the database information that is necessary to perform my job.

_____ I will not leave a computer, where I am logged into ServicePoint, unattended.

_____ I will log-off of ServicePoint before leaving the work area, even for a very short time.

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_____ I understand that failure to log off ServicePoint appropriately may result in a breach in client confidentiality.

_____ I will assure that any and all printouts / hard copies of ServicePoint information must be kept in a secure file.

_____ I will assure that any printouts / hard copies of ServicePoint information no longer needed will be shredded or otherwise properly destroyed to maintain confidentiality.

_____ If I notice or suspect a security breach, I will immediately notify the MaineHousing HMIS staff .

USER CODE OF ETHICS

- A. ServicePoint Users will treat Partner Agencies with respect, fairness and good faith.
- B. ServicePoint User will maintain high standards of professional conduct in their capacity as a ServicePoint User.
- C. ServicePoint Users will make every attempt to assure that client data is handled securely, responsibly and in accord with the client's wishes.
- D. ServicePoint Users have the responsibility to relate to the Clients of other Partner Agencies with full professional consideration.

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

Completed by Agency Supervisor

Type of Program this user will do data entry or reporting for.

- ESHAP
- STEP
- Transitional Housing
- Permanent Supportive Housing
- Shelter Plus Care/BRAP
- PATH
- SSVF/VASH/GPD/VA Services
- RHY
- Non-Housing Services Only

(indicate services only program type)

_____ ServicePoint User Signature _____ Date

_____ Agency Supervisor _____ Date

_____ (print name Agency Supervisor)

This HMIS user has been authorized to work from a home office or satellite office location.
(*Please attach agency work-at-home/telecommuting policy if available.) _____
(supervisor initials)

An up-to-date copy of all signed User Policy forms must be on file with the Maine HMIS System Administrator at MaineHousing. Fax completed form to 207-624-5768 or Mail to HMIS Maine Housing, 353 Water Street, Augusta ME. 04330

Completed by MaineHousing HMIS staff:	
_____	_____
MaineHousing HMIS initial user training completed	Date