



AWARDS User Code of Ethics

Full Name (Printed)

Training Date

Work Phone Number

E-mail Address

Job Title

Agency Name

Supervisor Name (Printed)

Program(s)

Program Type:

	ESG Funded - Emergency Shelter		ESG Rapid Re-Housing
	ESG Homeless Prevention		CoC Funded - Transitional Housing
	CoC Funded - Permanent Housing		CoC Funded – Rapid Re-Housing
	Supportive Services for Veteran Fam.		HOPWA: specify _____
	HHS PATH: Street Outreach or SSO		HHS RHY: specify _____
	Privately Funded Agency		Other: specify _____



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User Name (Please print clearly your first and last name)

User Agreement

Participating Agencies who use MUTEH's Homeless Management Information System (HMIS) and each User within any Participating Agency are bound by various restrictions regarding protected personal information ('PPI'). The employee, contactor, or volunteer whose name appears above is the **User**.

The HMIS Client Consent Form shall be signed by the Client before any PPI is designated for sharing with any Participating Agencies. The User shall ensure that prior to obtaining the Client's signature; the agency's Notice of Privacy Practices was fully reviewed with the Client in a manner to ensure that Client fully understood the information.

User Principles

A User ID and Password gives you access to the MUTEH HMIS. You must initial each item below to indicate your understanding and acceptance of the proper use of you ID and password. Failure to uphold the confidentiality standards set forth below is grounds for your immediate termination from the HMIS.

(Initial Below)

	I understand that I have an obligation to maintain Client privacy and to protect and safeguard the confidentiality of Client Information. A clients personal information includes, but is not limited to, the Client's name, address, telephone number, social security number, type of medical care provided, medical condition or diagnosis, veteran status, employment information, and any and all other information relating to the Client's programming.
	My User ID and Password are for my use only and must not be shared with anyone. I must take all reasonable precautions to keep my Password physically secure.
	I understand that the only individuals who can view information in HMIS are authorized Users who need the information for legitimate business purposes of this Agency and the Clients to whom the information pertains.



	I may only view, obtain, disclose, or use information within the HMIS that is necessary for my job.
	If I am logged into HMIS and must leave the work area where the computer is located, I must logoff before leaving the work area.
	Any hard copies of PPI printed from the HMIS must be kept in a secure file, and destroyed when no longer needed, in accordance with Agency's records retention policy. I will not leave hard copies of PPI in public view on my desk, or on a photocopier, printer, or fax machine.
	I will not discuss PPI with anyone in a public area.
	I will attend HMIS Trainings regularly (at least twice a year)
	I have reviewed the Agency's Notice of Privacy