

EMAIL ADDRESS: _____

USER POLICY & CODE OF ETHICS STATEMENT

*For use with the Sonoma County Continuum of Care
Homeless Management Information System*

USER POLICY

It is a Client's decision about which information, if any, entered into Efforts To Outcomes (hereafter "ETO") shall be shared and with which Provider Agencies. A Client Consent/Release of Information shall be signed if the Client agrees to share information among the Partner Agencies.

Minimum data entry on each consenting Client will be:

- Completion of the mandated Universal Data Elements
- Every shelter bed reservation and use
- The HUD Assessments for Clients receiving services through HUD Continuum of Care grants
- Data entered into the HMIS as "Don't Know" or "Refused" will be according to the Client only. Users **are not to enter** these values at their own discretion

In addition, data deemed necessary for meeting new federal mandates or new local requirements, as set forth from time-to-time by the Continuum of Care Steering Committee, will be collected and entered into the HMIS.

USER RESPONSIBILITY

Your User ID and Password give you access to the Sonoma County ETO system. Initial each item below to indicate your understanding and acceptance of the proper use of your User ID and related credentials. Failure to uphold the stated confidentiality standards set forth below will be grounds for immediate termination from the ETO system.

_____ My User ID and Password must not be shared with anyone for any reason.

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

_____ I understand that the only individuals who can view information in the HMIS are authorized users and the Clients to whom the information pertains.

_____ I may only view, obtain, disclose, or use the confidential information necessary to perform my job.

_____ I will only collect, enter, view and extract data in the HMIS relevant to the delivery of services to people experiencing a housing crisis in our community.

_____ In circumstances where objective observation and non-biased opinions are to be entered in any "comments" section of the client file on the HMIS. Mental and/or physical health information, subjective judgment, profanity, and offensive language are not permitted to be entered in this section. Discriminatory and/or derogatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex and sexual orientation are not permitted in the HMIS.

PRINT

NAME _____ AGENCY _____

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_____ A computer that has ETO “open and running” shall never be left unattended. If I am logged into ETO and need to leave the work area where my computer is located, even if just for a moment, I will **log-off** of ETO before leaving the work area and lock my keyboard by typing ctrl+L.

_____ Any extraneous data files in the form of spreadsheets, desktop data systems, or other digital files containing protected Client information will be stored in a secure environment with all proper safeguards listed in the HMIS Data Standards Final Note published July 30, 2004.

_____ Hard copies of Client confidential information including intake forms, signed releases and case notes must be kept in a secure file when not in use.

_____ When hard copies of protected Client information are no longer needed, those copies must be properly destroyed to maintain confidentiality.

_____ If I notice or suspect any security breach of Client information, I will immediately notify the Agency Administrator for ETO or the HMIS Coordinator.

USER CODE OF ETHICS

- A. Each User will maintain high standards of professional conduct as a service provider and ETO user.
- B. Each user departing their HMIS role through job duties re-assignment, job transfer or termination **will be immediately identified to the HMIS Coordinator** so proper steps may be taken to delete their HMIS access credentials.
- C. The Security and Ethics conditions I read, understand and sign in this document remain binding **indefinitely** and after I depart employment with the Provider Agency.

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

ETO User Signature Date

Agency/System Administrator Date

NOTE: Your HMIS Agency Administrator must also sign all User Policy forms for the agency’s ETO users.