

## CT-HMIS END USER AGREEMENT

Name \_\_\_\_\_ AGENCY \_\_\_\_\_

Print Name

Your User ID and Password give you access to the Connecticut Homeless Management Information System (CT-HMIS). **Initial each item** below to indicate your understanding and acceptance of the proper use of your User ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the CT-HMIS system.

\_\_\_ My User ID and Password are for my use only and must not be shared with anyone.

\_\_\_ I must take all reasonable means to keep my Password physically secure.

\_\_\_ I understand that the only individuals who can view information in the CT-HMIS are authorized users and the individual client to whom the information pertains.

\_\_\_ I understand that written or verbal client authorization to enter data is required before identifying client information is entered into the CT-HMIS.

\_\_\_ I understand that written client authorization to share data is required before any identifying client information is shared.

\_\_\_ I acknowledge receipt of a copy of the agency's privacy notice and to pledge to comply with the privacy notice as issued.

\_\_\_ I may only view, obtain, disclose, or use the database information that is necessary to perform my job.

\_\_\_ I may access client information only to retrieve data relevant to a client requesting services from my agency.

\_\_\_ I understand that a computer that has the CT-HMIS open and running shall never be left unattended. Therefore if I am logged on and must leave the work area where the computer is located, I **must log-off** of the System before leaving the work area in order to protect client confidentiality and system security.

\_\_\_ Failure to log off CT-HMIS appropriately may result in a breach in client confidentiality and system security.

\_\_\_ Hard copies of CT-HMIS information must be kept in a secure file.

\_\_\_ When hard copies of CT-HMIS information are to be discarded, they must be properly destroyed according to my agency's policy in order to maintain confidentiality.

\_\_\_ If I notice or suspect a security breach, I must immediately notify the HMIS Data Coordinator for the CT-HMIS or the Connecticut Coalition to End Homelessness (CCEH) System Administrator.

\_\_\_ I have read and will abide by the CT-HMIS Policies and Procedures Handbook as it pertains to my work.

Your employer and CT-HMIS reserves the right to administer sanctions against you if your employer and CT-HMIS becomes aware of any breach of these End User Terms and Conditions by you. Depending on the nature of the breach sanctions may include, but are not limited to, suspension or cancellation of your access to HMIS (user name and password de-activated), required (re)training session(s) on topics related to the breach, etc. Your access to the system may be immediately suspended by your employer and CT-HMIS pending the investigation. The sanction will be decided by the Grievance Committee.

\_\_\_\_\_  
CT-HMIS User Signature

\_\_\_\_\_  
Date

Please complete and mail or scan/email to: [hmis@nutmegit.com](mailto:hmis@nutmegit.com)

Ver 07.14.2021