



Ventura County Homeless Management Information System

Partner Agency User Agreement (PAUA)

Agency Name: _____

First and Last Name: _____

The Homeless Management Information System (HMIS) is administered by the Ventura County Homeless Management Information System (VCHMIS) Support Team a division of the County of Ventura Human Services Agency, Business Technology Department. HMIS will enable homeless service providers to collect uniform client information over time. This system is essential to efforts to streamline client services and inform public policy. Through HMIS, homeless program clients benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to accurately calculate the size, characteristics, and needs of the homeless population; these data are necessary to service and systems planning and advocacy.

Initial Only

- _____ 1. I have received training on how to use the HMIS.
- _____ 2. I understand that my username 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,
- _____ 3. I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.
- _____ 4. I understand that I may only view, obtain, disclose, or use the database information that is necessary to perform my job.
- _____ 5. If I am logged into the HMIS and must leave the work area where the computer is located, I must log-off of the HMIS software before leaving the work area. Failure to do so may result in a breach in client confidentiality and system security.
- _____ 6. I understand that these rules apply to all users of HMIS; whatever their work role or position.
- _____ 7. I understand that all HMIS information (hard copies and soft copies) must be kept secure and confidential at all times and when no longer needed, they must be properly destroyed to maintain confidentiality.
- _____ 8. I understand that if I notice or suspect a security breach within the HMIS, I must immediately notify VCHMIS.
- _____ 9. I will not knowingly enter malicious or erroneous information into the HMIS.
- _____ 10. I understand that my username and password will terminate should I change employment and will not be passed on to the new staff member. Partner Agency will notify VCHMIS on or before the separation date.
- _____ 11. I understand that Release of Information is required for entry into the HMIS system, and is required at: 1. each project the client agrees to work with 2. Updated annually

I agree to maintain strict confidentiality of information obtained through the HMIS. This information will be used only for the legitimate client service and administration. Any breach of confidentiality will result in immediate termination of participation in HMIS. The specifics of this agreement do not preclude additional agency rules and regulations.

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

Employee/User Signature

Date