

Homeless Management Information System

User Account Request Form

HMIS Only CES Only* Both* Today's Date ____/____/____
 New User Delete User** Change User Information Other

HMIS/CES User Information

User First & Last Name: _____
User Organization: _____
User Role/Job Title: _____ User Office Phone (____) ____ - ____ Ext: _____
User E-Mail Address: _____

Background Check Statement

Pursuant to 24 CFR 580.35(d)(2) relating to the HMIS security standards, the user listed above has successfully passed a criminal background check conducted by the user organization and is eligible to access HMIS.

Authorized Signature (CEO/Executive Director) _____ Printed Name _____ Date _____

Authorization & Confidentiality Statement

My agency agrees to maintain strict confidentiality of information obtained through HMIS. This information will be used only for the legitimate client services and administration of the above name organization. I understand that it is the responsibility of the HMIS Administrator, or Alternate Representative, to notify the HMIS Administrator of the user's termination from the agency, placement on disciplinary probation, or upon any change in duties not necessitating access to HMIS information within one business day of the occurrence.

Authorized Signature (HMIS Administrator or Alternate) _____ Printed Name _____ Date _____

Organization Information

Covered Homeless Organization: _____
CHO Main Office Address: _____

(City) (State) (Zip Code)
Office Phone: (____) ____ - ____ Ext: _____

Authorized Signature (HMIS Administrator or Alternate) _____ Printed Name _____ Date _____

****If requesting CES Access, this form requires additional signature from HMIS Administrator or Alternate.***

User has completed necessary CES training and is authorized to be a CES user.

Authorized Signature (HMIS Administrator or Alternate) _____ Printed Name _____ Date _____

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USER'S RESPONSIBILITY STATEMENT Your username and password give you access to the the Homeless Management Information System. Initial each item below to indicate your understanding of the proper use of your username and password. Then, sign where indicated. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from HMIS.

Initial Only

_____ I understand that my username and password are for my use only.

_____ I understand that I must take all reasonable means to keep my password physically secure.

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

_____ I understand that I may only view, obtain, disclose, or use the database information that is necessary in performing my job.

_____ I understand that these rules apply to all users of HMIS, whatever their work role or position.

_____ I understand that hard copies of HMIS information must be kept in a secure file.

_____ I understand that once hard copies of HMIS information are no longer needed, they must be properly destroyed to maintain confidentiality.

_____ I understand that if I notice or suspect a security breach, I must immediately notify HMIS Support at HMISsupport@rivco.org.

User Signature

Printed Name

Date

Note: This form must be completed and filed with Housing & Workforce Solutions for new users and users needing to be deleted.

**If deleting a user's access, only complete the HMIS/CES User Information and Organization Information. If you have any questions, please contact HMIS Support HMISsupport@rivco.org. Email completed form to HMISsupport@rivco.org