

CT HMIS END USER AGREEMENT (EUA)

Name _____ Date _____

Your User ID and Password give you access to the Connecticut Homeless Management Information System (CT HMIS). **Review each item** below to validate your understanding 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. Your acceptance of the terms below will be captured via electronic signature at the end of this course.

- ✓ 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 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 CT HMIS open and running shall never be left unattended. If I am logged on and must leave the work area where the computer is located, I **must log-off** of the CT HMIS system before leaving the work area 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 to maintain confidentiality.
- ✓ If I notice or suspect a security breach, I must immediately notify my HMIS Data Coordinator or the CT HMIS 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 CT HMIS (username and password de-activated), required (re)training 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.

An Electronic Signature and Date verifying acceptance will be captured and retained on record in the Learning Management System (LMS) with your EUA class. A copy of this form will be available to each user upon class completion.