

Housing First Solano

Vallejo/Solano County Continuum of Care



Homeless Management Information System (HMIS) Confidentiality and Security User Agreement Form

By requesting access to the Housing First Solano (HFS) Continuum of Care (CoC) Homeless Information Management System (HMIS), I consent to the following:

1. I understand all client information contained in or transmitted via the HMIS will be confidential and that I may not publish, disclose, or use any information collected for or contained within the HMIS except as permitted by the HFS CoC HMIS Policies and Procedures or by applicable law.
2. I understand and agree that all passwords and/or other security measures assigned to me are to be used solely by me and are not to be disclosed to or utilized by any other individual.
3. I understand and agree that if I violate the confidentiality provisions of applicable rules and regulations, I may be subject to termination and subject to liability under applicable law.
4. I have been authorized by my Agency to access HMIS and have completed confidentiality and ethics training provided by the HMIS Administrator.
5. I understand and agree that my obligations under the Agreement shall remain in effect following any termination of this Agreement or of my employment with the agency listed on the form.

Name

Signature

Agency

Date

Email

Phone