



END USER AGREEMENT

Agency Name

Statement of Confidentiality

Employees, volunteers, and any other persons with access to the Sarasota & Manatee Homeless Management Information System (HMIS), administered by the Suncoast Partnership to End Homelessness, are subject to certain guidelines regarding usage. The HMIS contains a range of personal and private information on individuals and all such information must be treated carefully and professionally by all who access it.

The HMIS system contains personally identifying information (PII) including name, social security number, date of birth, race, gender, veteran status, disabling conditions, prior residence, and services utilized. (42 U.S.C.A. §§ 11360(16) & 11360a(f)(3); 24 C.F.R. §§ 576.2, 578.3, & 578.13). All records containing protected identifying information of any individual or family who applies for and/or receives Continuum of Care assistance will be kept secure and confidential (24 C.F.R. § 578.103(b)); and 24 C.F.R. § 576.500(x) requires all records containing PII of any individual or family who receives ESG assistance to be kept secure and confidential).

Guidelines for use of the HMIS include:

- ◆ Personal User Identification and Passwords must be kept secure and are not to be shared.
- ◆ Informed client or guardian consent, as documented by a **current** standard HMIS Client Authorization form, is required before entering, updating, editing, printing, or disclosing basic identifying information and non-confidential service transactions via the HMIS.
- ◆ Only general, non-confidential information is to be entered in the “other notes/comments” section of the Client Profile on the HMIS. Confidential information, including TB diagnosis, domestic violence and mental and/or physical health information, is not permitted to be entered in this section.
- ◆ Informed client or guardian consent, as documented by a **current** Client Authorization form, is required before entering, updating, editing, printing, or disclosing information beyond basic identifying non-confidential information and service transactions.
- ◆ Confidential information, including personal identifying information, obtained from the HMIS is to remain confidential, even if my relationship with _____ (agency name) changes or concludes for any reason.
- ◆ Only individuals that exist as clients under the Agency’s jurisdiction may be entered into the HMIS.
- ◆ Misrepresentation of the client base by entering known, inaccurate information is prohibited.
- ◆ Client records are not to be deleted from the HMIS. If a client or guardian of a client chooses to rescind consent to participate in the HMIS, her/his file shall become “inactive.”
- ◆ Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in the HMIS. Profanity and offensive language are not permitted in the HMIS.
- ◆ The HMIS is to be used for business purposes only. Transmission of material in violation of any United States Federal or State of Florida regulations or laws is prohibited and includes material that is copyrighted, legally judged to be threatening or obscene, and considered protected by trade secret. The HMIS will not be used to defraud the Federal, State, or local government or an individual entity or to conduct any illegal activity.
- ◆ Any unauthorized access or unauthorized modification to computer system information or interference with normal system operations will result in immediate suspension of your access to the HMIS.

Failure to comply with the provisions of this Confidentiality Statement is grounds for immediate termination from HMIS. Your signature below indicates your agreement to comply with this statement of confidentiality. There is no expiration date of this agreement.

Signature _____ Date ___/___/___

Printed Name _____

Email: _____ Phone Number _____

Suncoast Partnership Signature _____ Date ___/___/___