GREATER LOS ANGELES & ORANGE COUNTY
HOMELESS MANAGEMENT INFORMATION SYSTEM (LA/OC HMIS)

USER AGREEMENT
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I. Purpose

The LA/OC HMIS is the secured electronic database for the Greater Los Angeles and Orange Counties and is a valuable resource for local communities. The LA/OC HMIS Collaborative consists of four separate Continuums of Care (CoC). The continuums are: Los Angeles City and County; Santa Ana/Anaheim/Orange County; Glendale; and Pasadena.

The LA/OC HMIS Collaborative's goal is to provide a comprehensive case management system to advance the provision of quality services for homeless persons, improve data collection, and promote more responsive policies to end homelessness in the Greater Los Angeles and Orange Counties.

II. Agreement and Understanding
This Agreement authorizes you, an HMIS User (User), to enter Protected Personal Information (PPI) into the LA/OC HMIS, as authorized by your organization and the CoC HMIS Administrator. You must complete the necessary training(s) prior to receiving a unique HMIS User Identification (User ID) and password.

II. Client Confidentiality and Informed Consent

Confidentiality: This User must abide by its organization's policies and procedures; uphold all privacy protection standards established by the LA/OC HMIS Collaborative Policies and Procedures; and comply with all relevant federal and State of California confidentiality laws and regulations that protect client records.

Written Consent: To obtain written consent, prior to each client's assessment, Users must inform each client that the client's information will be entered into an electronic database called HMIS. Users must also explain the terms of the *Consent to Share Protected Personal Information* form. Each client who agrees to have his or her PPI entered into the LA/OC HMIS must sign the *Consent to Share Protected Personal Information* form.

Verbal Consent: Verbal consent to enter PPI into the LA/OC HMIS may be obtained during circumstances such as phone screenings, street outreach, or community access center sign-ins. Users must inform each client that the client's information will be entered into the HMIS database. Users must also explain the terms of the *Consent to Share Protected Personal Information* form. The client's written consent must be obtained once the client appears for his or her initial assessment.

III. Client Rights
- A client may not be denied services for failure to provide consent for LA/OC HMIS data collection.
- A client has the right to inspect, copy, and request changes in their LA/OC HMIS records.
- A client's consent may be revoked by that client at any time through a written notice or by completing the Revocation of Consent form.
- A copy of the Privacy Notice must be provided at the time the client requests.
- Each client has the right to receive the following, no later than five (5) business days of a written request:
    - A correction of inaccurate or incomplete PPI
    - A copy of his or her consent form;
    - A copy of his or her HMIS records; and

- A current list of participating organizations that have access to HMIS data.

IV. User Responsibilities and Conduct

I understand and agree that:

- I have an ethical and a legal obligation to ensure that the data I collect and enter into HMIS is accurate and does not misrepresent the client's information.
- I will not reveal or release PPI to unauthorized organizations, individuals or entities.
- I will use the data within the HMIS only for the purposes of homeless service delivery.
- I am not permitted to access the HMIS from any computer that has not been designated or approved by my organization.
- I will never use the HMIS to perform an illegal or malicious act.
- I will not attempt to increase the level of access to which I am authorized, or attempt to deprive other HMIS Users of access to the HMIS.
- My HMIS User ID and password shall be kept secure and will not be shared.
- I will refrain from leaving my computer unattended while logged into the system.
- I will protect and store client information printed from HMIS in a secure location.
- I will dispose of PPI printed from HMIS, when it is no longer needed, in a manner that maintains client confidentiality.
- If I suspect or encounter a security breach, I will immediately notify my organization's HMIS administrator.
- If my relationship with my organization changes or terminates, any client information that I entered into or obtained from the HMIS must remain confidential.
- 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 also not permitted in the HMIS.
- PPI that is transmitted electronically must be password protected to maintain confidentiality.
- I will comply with my organization's policies and procedures and the LA/OC HMIS Collaborative Policies and Procedures in my use of HMIS. Please contact your HMIS Administrator for the Policies and Procedures.
- Any violation of this User Agreement is grounds for immediate suspension or revocation of my access to the HMIS.

My signature below confirms my agreement to comply with all the provisions of this Greater Los Angeles and Orange County HMIS User Agreement.

_____
Organization Name

_____   _____
Organization Administrator/Authorized Representative   User First and Last Name (Print Name)
(Print Name)

_____   _____
Signature   Signature

_____   _____
Date of Signature   Date of Signature

DO NOT WRITE IN THIS SECTION. (FOR HMIS ADMINISTRATOR STAFF ONLY.)
HMIS Staff Name: _____ Date: _____
Date of Training:_____ Trainer:_____
HMIS User ID: _____ Date User ID Issued: _____