

USER AGREEMENT

AGENCY:

USER NAME:			
St	atement (of Confidentiality*	
Employees, volunteers, and any other personal information System (HMIS) are subject to range of personal and private information professionally by all who access it.	certain guide	elines regarding the use of the HMIS.	. The HMIS contains a
Guidelines for use of the HMIS include:			
 Personal User Identification and Pass Informed client or guardian consent, required before entering, updating, exconfidential service transactions via the confidential service transactions via the confidential informed in the HMIS. Confidential informental and/or physical health informed lient or guardian consent, with a HMIS clause, is required before basic identifying non-confidential information. 	as documented diting, printing the HMIS. mation is to be formation, incation, is not properly as documented the entering, unformation and	ed by a current standard Release of I g, or disclosing basic identifying information of the entered in the "other notes/comment eluding TB and HIV/AIDS diagnosis, permitted to be entered in this section and by a current Agency-modified Reputating, editing, printing, or disclosing service transactions.	ormation and non- ts" section of the Client domestic violence, and lease of Information form ng information beyond
• Confidential information obtained from	om the HMIS	is to remain confidential, even if my name) changes or concludes for a	relationship with
 Information beyond basic identifying agency, and community fields), is no created. 	data, that inc	cludes all assessment screens (all scre	ens beyond profile,
• Only individuals that exist as clients	under the Ag	ency's jurisdiction may be entered in	to the HMIS.
 Misrepresentation of the client base b Client records are not to be deleted for participate in the HMIS, her/his file s 	om the HMIS	S. If a client or guardian of a client ch "inactive."	nooses to rescind consent to
 Discriminatory comments based on rorientation are not permitted in the H The HMIS is to be used for business Federal or State of Washington regul judged to be threatening or obscene, defraud the Federal, State, or local go Any unauthorized access or unauthor with normal system operations will rejeopardize your employment status w 	MIS. Profani purposes only ations or laws and considered overnment or rized modificate esult in imme	ty and offensive language are not per y. Transmission of material in violatic s is prohibited and includes material te ed protected by trade secret. The HM an individual entity or to conduct any ation to the HMIS computer system in diate suspension of your access to the	mitted in the HMIS. on of any United States that is copyrighted, legally IIS will not be used to y illegal activity. nformation or interference
Failure to comply with the provisions of the signature below indicates your agreement of this agreement.			
Signature	Date	Witness Signature, Title	Date
Printed Name	Date	Witness Printed Name	Date
*The original Statement of Confidentiality	y should be ke	ept on file at the Agency. Forms on i	ndividuals no longer

employed by the Agency should be kept on file for five years.