

Homeless Management Information System

User Account Request Form

USER'S RESPONSIBILITY STATEMENT Your username and password give you access to the the Homeless Management Information System. Initial each item below to indicate your understanding of the proper use of your username and password. Then, sign where indicated. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from HMIS.

Initial Only

_____ I understand that my username and password are for my use only.

_____ I understand that I must take all reasonable means to keep my password physically secure.

_____ I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.

_____ I understand that I may only view, obtain, disclose, or use the database information that is necessary in performing my job.

_____ I understand that these rules apply to all users of HMIS, whatever their work role or position.

_____ I understand that hard copies of HMIS information must be kept in a secure file.

_____ I understand that once hard copies of HMIS information are no longer needed, they must be properly destroyed to maintain confidentiality.

_____ I understand that if I notice or suspect a security breach, I must immediately notify HMIS Support at 951-358-6458.

_____ User Signature

_____ Printed Name

_____ Date

Note: This form must be completed and filed with DPSS for new users and users needing to be deleted.

**If deleting a user's access, only complete the HMIS/CES User Information and Organization Information.

If you have any questions, please contact HMIS Support at 951-358-6458 or hmissupport@rivco.org

Fax completed forms to: (951) 358-7755, or scan and email to: hmissupport@rivcos.org

DPSS USE ONLY

Date of HMIS Training _____

Date Access Granted/Removed _____

HMIS Support Staff _____