

Homeless Management Information System

User Account Request Form

USER'S RESPONSIBILITY STATEMENT

Your username and password give you access to the HMIS Network. 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 DPSS Contracts Administration Unit at 951-358-3293.

I understand and agree to the above statements.

Employee Signature

Date

Note: This form must be completed and filed with DPSS for new users and users needing to be deleted. If you have any questions, please contact HMIS Support at 951-358-6458 or hmissupport@riversidedpss.org
Fax completed forms to: (951) 358-7755, or scan and email to: hmissupport@riversidedpss.org