Pinellas HMIS End User Agreement

Please select your HMIS role: ____ Agency Administrator ____ End User

Name _____ Agency Name _____

Phone Number _____ Email Address _____

I understand that as a condition of my employment or affiliation with the agency above, I must sign and comply with the terms of this agreement. I agree that my obligations under this agreement will continue after the termination of my employment or affiliation with this member agency. By signing this document, I understand and agree that:

I meet the Level 2 screening requirements set forth in Florida Statue (F.S.) 435.04. I attest that I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for any offense prohibited under any of the provisions of Florida Statutes 435.04 or under any similar statute of another jurisdiction. In addition, I attest that have not been convicted of, regardless of adjudication, nor entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged, for any criminal charges in any way related to identity theft or fraud in Florida or any other state. I further acknowledge that I must immediately notify my supervisor within one business day of any arrest and any changes in my criminal record involving any of the provisions listed in F.S.435.04 or any criminal charges in any way related to identity theft or fraud.

1. I understand that I will be entering and viewing client information in a web-based data system called Pinellas HMIS and/or sharing this information with other agencies in my community in order to do my job more effectively and to better assist the clients my member agency serves.

2. I will keep my Pinellas HMIS username and password confidential and secure at all times. I will not share these codes with anyone including other employees or affiliates of my member agency, or I understand that I will be in violation, and my access will be terminated from the system.

3. I understand the collection and use of client personal information is protected by strict standards of confidentiality as outlined in writing in the Pinellas HMIS Policies and Procedures and will only be disclosed in accordance with applicable Florida state and federal laws. I will maintain client privacy, protect, and safeguard the confidentiality of client information in accordance with state and federal laws. During the course of my employment or affiliation, I may enter, view, see or hear other confidential information such as social security numbers, financial data and business information that my member agency must maintain as confidential.

4. I, as an employee or volunteer of my member agency, have a legal obligation to maintain client privacy, to protect and safeguard the confidentiality of all clients' individually identifiable personal and health information as known as "client information". Client information shall include, but not be limited to, the client's name, social security number, date of birth, alias, address, telephone numbers, universal data elements, and program-specific data elements, services received, case notes, program entry/exit, type of medical care provided, medical condition or diagnosis, and all other information relating to the client's treatment entered or viewed in Pinellas HMIS.

5. I will ensure that conversations with clients where I collect and discuss personal identifiable information, such as date of birth and social security numbers, will be held in private so others cannot hear.

6. I will not access, communicate or view any information other than what is required to perform my job during my regular scheduled working hours. If I have any question about whether access to certain information is required for me

to perform my job, I will ask my supervisor prior to accessing or viewing the information. I understand that any confidential information or client information that I access or view at my member agency does not belong to me.

7. I will not discuss any information regarding my member agency's clients in any area where unauthorized individuals may overhear sensitive and confidential information (waiting rooms, hallways, elevators and other public areas). I understand that it is strictly prohibited to discuss any Agency or client information in public areas even if a client's name is not used. I will not disclose any agency or client information to any individual who does not have proper authorization to access such information, including but not limited to, whether the person is a client of my member agency or another Pinellas HMIS member agency.

8. I will not share nor distribute any information from the Pinellas HMIS database to Pinellas HMIS non-end users either electronically or physically even if they are from my organization. If a non-end user should request information, I will direct them to make a request via the Help Desk link: https://pinellashmis.zendesk.com/hc/en-us.

9. At no time will I disclose any client information from Pinellas HMIS to any member of law enforcement for any reason. Instead, I will refer them to the Pinellas HMIS staff.

10. I will never disclose, view or misuse any client social security numbers in Pinellas HMIS. Viewing of full social security numbers is only visible to Agency Administrators or higher. Violators will be terminated from the system, and the employing member agency will be placed on probation.

11. I will not make any unauthorized transmissions, communications, copies, disclosures, inquiries, modifications, or deletions of client information or confidential information. This also includes the printing of client records and sharing/distributing to non-end-users. This includes, but is not limited to, removing and/or transferring client information or confidential information from my member agency's computer system or files or the Pinellas HMIS database to unauthorized locations such as personal homes.

12. I will report all issues I have with Pinellas HMIS to the Help Desk immediately via the Help Desk link: https://pinellashmis.zendesk.com/hc/en-us.

I have read the above agreement and agree to comply with all its terms as a condition of my access to the Pinellas Homeless Management Information System.

Employee/Volunteer Signature	Date
Witness Signature	Print Witness Name