



Pinellas HMIS  
Agency Administrator Designation

An Agency Administrator is the primary contact between your agency and the Pinellas HMIS (PHMIS) staff. Each member is required to have an Agency Administrator in Member Agencies with five or more active users. This person's role is crucial to the success of PHMIS at your agency. The responsibilities of an Agency Administrator are outlined below.

- Adhere to, and enforce, the PHMIS Policies and Procedures.
- Attend at least one Agency Administrator Training and Live Workflow Training.
- Maintain current user license in the system by completing the training assignments within five days of training and not going over 60 days of logging into the system.
- Communicate and authorize personnel/security changes for PHMIS End Users to PHMIS staff within 24 hours of a change.
- Act as the first tier of support for PHMIS End Users.
- Ensure client privacy, security, and confidentiality at all times.
- Enforce PHMIS End User Agreement.
- Ensure the PHMIS Privacy Notice is posted in a visible area of the Agency and communicated in a language understandable by clients.
- Enforce data collection, entry and quality standards are adhered to by all users.
- Ensure a basic competency with running PHMIS system reports and have an understanding of system-wide data quality reports.
- Ensure all users are using the correct PHMIS related forms and following the most current PHMIS procedures and workflow.
- Attend all PHMIS required meetings and conference calls.
- Assist with PHMIS projects' annual data (LSA, PIT, HIC, etc.).
- Authorize PHMIS User(s) for training.
- Inform PHMIS staff of all program changes within five business days of the change.

Agency Name: \_\_\_\_\_

Our agency has designated the person below as our Agency Administrator:

\_\_\_\_\_  
Print Primary Agency Administrator Name      Phone      Email

\_\_\_\_\_  
Primary Agency Administrator Signature      Date

Our agency has designated the person below as our back-up Agency Administrator in the event of illness, vacation, or long-term absence:

\_\_\_\_\_  
Print Secondary Agency Administrator Name      Phone      Email

\_\_\_\_\_  
Secondary Agency Administrator Signature      Date

Authorized by Current Agency Administrator, CEO, or Executive Agency Staff

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_