

**Columbus-Muscogee / Russell County  
Continuum of Care  
Homeless Management Information System (CC-HMIS)**

**User License Agreement**

Version 1.2

Effective Date: July 1, 2015

**User Name:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**License Effective Date:** \_\_\_\_\_

**USER RESPONSIBILITY AND ETHICS**

Your User ID and Password give you access to the CC-HMIS. Initial each item below to indicate your understanding and acceptance of the proper use of your User ID and password. All users in the CC-HMIS must abide by the *Policies and Procedures* manual that govern the use of the system and define security and confidentiality protocols. CC-HMIS Users must treat clients and contributing HMIS organizations (CHOs) with respect, fairness and good faith, and should maintain high standards of professional conduct in the capacity as a CC-HMIS User. Failure to uphold the standards of the CC-HMIS is grounds for immediate termination from the CC-HMIS and may result in personnel action.

- \_\_\_ I have read and understand the *Policies and Procedures* manual (or have been trained on them) and will abide by the protocols set forth in that document.
- \_\_\_ My User ID and Password are for my use only and must not be shared with anyone.
- \_\_\_ I must take all reasonable means to keep my Password physically secure.
- \_\_\_ A computer that has the CC-HMIS open and running shall never be left unattended.
- \_\_\_ Failure to log off the CC-HMIS appropriately may result in a breach in client confidentiality and system security.
- \_\_\_ Hard copies of client information printed from the CC-HMIS must be kept in a secure file.
- \_\_\_ When hard copies are no longer needed, they must be properly destroyed to maintain confidentiality.
- \_\_\_ If I notice or suspect a security breach, I must immediately notify the CC-HMIS Administrator or other Home for Good staff.

I understand and agree to comply with all the statements listed above.

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Administrator Signature

\_\_\_\_\_  
Date