

USER POLICY, RESPONSIBILITY, & CODE OF ETHICS

For North Carolina Homeless Information Management System (NC HMIS)

USER POLICY

In 2001, the United States Congress directed the United States Department of Housing and Urban Development to “collect an array of data on homelessness in order to prevent duplicate counting of homeless persons, and to analyze their patterns of use of assistance, including how they enter and exit the homeless assistance system and the effectiveness of the systems¹.”

The North Carolina Homeless Management Information System (NC HMIS) is a collaborative statewide effort among helping agencies to document client-level needs and characteristics through a coordinated system which aggregates common information at the agency, community, and state levels.

The NC HMIS is a tool that can also assist agencies in focusing services and locating alternative resources to help homeless persons. Agency staff may use the Client information in the system to target services to the Client’s needs.

NC HMIS is an entirely web-based system -- hosted on a central statewide server -- coordinated by the Michigan Coalition Against Homelessness (MCAH) under contract with each local Continuum of Care with oversight for implementation and policies provided by the North Carolina Governance Committee. The system is accessed via the Internet by provider sites offering shelter, housing, and supportive services to homeless individuals and families.

Participating Agencies may choose to share information for provision of services to homeless persons through a networked infrastructure that establishes electronic communication among the Participating Agencies.

Participating Agencies shall at all times have rights to the data pertaining to their clients that they directly enter into the NC HMIS system. Participating Agencies shall be bound by all permissions and restrictions imposed by Clients pertaining to the use of personal data for which they have signed a NC HMIS Client Release of Information form.

All NC HMIS Users are required to attend ServicePoint training sessions prior to using the system.

All NC HMIS Users are required to complete privacy and securing of client records training specific to protecting information contained within NC HMIS prior to using the System.

All NC HMIS Users are required to have read and understand their Agency’s Privacy Notice.

Data-Sharing and Release of Information

1. The Agency understands that informed client consent is required for the purposes of interagency sharing of information. Informed client consent will be documented by completion of a Client Release of Information & Sharing Plan.
2. The Client Release of Information & Sharing Plan authorizes basic identifying client data entered into the NC HMIS Profile screen to be shared among all NC HMIS Member Agencies and other Assessment and Service Information to be shared with select NC HMIS Member Agencies, based on inter-agency sharing agreements.
3. If a client denies authorization to share Profile or other assessment and service information via the NC HMIS, the staff entering the information shall lock the impacted screen(s). This assures that client information is accessible only to the agency entering data into the program, therefore, precluding the ability to share information with other agencies. If the client’s name represents a specific risk the record may be entirely closed so that it is only viewable by the agency serving the client. In extreme cases the record may be entered using the “un-named” record function that does not store the client’s name but does allow for generating unduplicated counts.

Minimum data entry on each Client will be defined by your Agency's Workflow. However, all agencies are required to complete the Universal Data Elements as specified by NC HMIS requirements. Further to allow proper dating of materials, all entry should be accompanied with an entry/exit or a service transaction.

Restricted Information

Information, including progress notes and psychotherapy notes, about the diagnosis, treatment, or referrals related to a mental health disorder, drug or alcohol disorder, HIV, or AIDS, and domestic violence concerns shall not be shared with other Participating Agencies without the client's written, informed consent as documented on NC HMIS Release of Information and Sharing Plan.

When recording referrals made for these types of services and to agencies that specifically provide these services, the Client's Service Record shall not be shared with other agencies on the North Carolina HMIS system without the Client's informed consent as signified on a NC HMIS Release of Information and Sharing Plan.

The sharing of information on children under the age of 18, who are not accompanied by a legal guardian, will be governed by existing law or statute regarding the age at which children under the age of 18 may authorize release of information.

USER RESPONSIBILITY

Your User ID and Password give you access and authority to use the NC HMIS. Initial each item below to indicate your understanding and acceptance of the proper use of your User ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination of User privileges.

Please initial each item below to indicate your acceptance and understanding of the user responsibilities below

_____ I have read and understand my Agency's Privacy Notice/script to describe privacy policies to clients.

_____ My User ID and Passwords must be kept secure and are not to be shared with anyone, including other staff members.

_____ I understand that the only individuals who can view information in the NC HMIS are authorized users and the Client to whom the information pertains. NC HMIS users must respect the privacy and hold in confidence all information obtained in the course of their use of the software system.

_____ I may only view, obtain, disclose, or use the database information that is necessary to perform my job.

_____ Client information should be accessed only in order to retrieve data relevant to a client requesting services from my agency.

_____ I understand that in the event that I am terminated or leave my employment with this agency, my access to the NC HMIS will be revoked.

_____ Clients have the right to see and correct their information on NC HMIS. If a client requests to see their information, the Participating Agency/User who receives the request must review the information with the client and revise any incorrect information at the client's request.

_____ I understand that failure to log off NC HMIS appropriately may result in a breach in client confidentiality and system security.

- _____ If I am logged into NC HMIS and must leave the work area where the computer is located, I must log-off of the NC HMIS before leaving the work area.
- _____ I understand that my access to NC HMIS is limited to my designated work site unless I am given expressed written consent of the Agency Administrator to access the system from other specified locations.
- _____ A computer that has NC HMIS “open and running” shall never be left unattended.
- _____ A computer that has NC HMIS “open and running” shall never be arranged so that unauthorized individuals may see the information on the screen.
- _____ Hard copies and downloads of information from the NC HMIS onto a hard drive or disk must be kept secure to ensure that only appropriate agency staff has access.
- _____ When hard copies and “downloads” of NC HMIS Client information are no longer needed, they must be properly destroyed as described in your agency’s privacy and confidentiality policies.
- _____ If I notice or suspect a security breach, I must immediately notify my Agency Administrator for the NC HMIS, my supervisor/agency leadership and the NC HMIS System Administrator /Help Desk to insure that the breach has been closed and to determine if the record has been opened by any persons not privileged to see the information. A full report, including the actions taken after the potential breach was identified, must be forwarded to NC HMIS System Administrator within 5 working days. I will treat the occurrence or suspected occurrence of a security breach as confidential and will not notify anyone other than the parties named herein of the occurrence or suspected occurrence of such breach.
- _____ I understand that I am responsible for reporting any system malfunctions or “bugs” that I notice or suspect to the Agency Administrator and other appropriate system support staff.
- _____ I understand that I must secure NC HMIS information as closed in each of the modules for which the Client has not given consent for data sharing.
- _____ I must get a second specific “Release of Information” to share restricted information about the diagnosis, treatment, or referrals related to a mental health disorder, drug or alcohol disorder, HIV, AIDS, and domestic violence. In addition, ServicePoint settings must reflect the Client’s expressed wishes as documented through the Informed Consent process.
- _____ Persons licensed as System Administrators through the NC HMIS must acknowledge the following additional requirements.
- Any adjust of the Visibility Setting for an Agency must be done with the full approval of the Agency.
 - System Administrators are not allowed to download named data. All reports that include specific client information must use the Client ID number.

Failure to comply with all guidelines listed above may result in termination of your ServicePoint License as well as your employment.

PRINT

NAME _____ AGENCY _____

NC HMIS User Signature Date

NC HMIS Agency/Agency Administrator Signature Date

USER CODE OF ETHICS

- A. North Carolina HMIS Users must treat Participating Agencies with respect, fairness and good faith.
- B. Each North Carolina HMIS User shall maintain high standards of professional conduct in his/her capacity as a North Carolina HMIS User.
- C. All North Carolina HMIS Users shall endorse and maintain the client's rights related to privacy and confidentiality and shall adhere to NC HMIS Policies and Procedures.
- D. The North Carolina HMIS User has primary responsibility for his/her Client(s).
- E. The North Carolina HMIS Users will not misrepresent its client base in the North Carolina HMIS system by entering knowingly inaccurate information (i.e. User will not purposefully enter inaccurate information on a new record or to over-ride information entered by another agency.)
- F. Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in the North Carolina HMIS system
- G. The User will not use the North Carolina HMIS system with intent to defraud the federal, state, or local government or an individual entity; or to conduct any illegal activity.

I understand and agree to comply with all the statements listed above. Engagement in unethical behavior may result in the termination of your employment.

North Carolina HMIS User Signature Date

Witnessed by North Carolina HMIS Agency/System Administrator Signature Date

Witnessed by Agency Supervisor Date