

**Texas Balance of State Continuum of Care**  
**HMIS User Agreement**  
For the BoS HMIS



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

**Email:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_

The Texas BoS CoC's Homeless Management Information System (HMIS) of choice is ClientTrack. ClientTrack (trademarked and copyrighted by Eccovia Solutions) is a client information system design to store longitudinal person-level information about the men, women and children who access homeless and other human services in a community.

HMIS is used to configure, facilitate, and protect data integrity and sharing among Contributory HMIS Organizations (CHOs) for the purpose of coordinated service delivery and reporting in the CoC region. Texas Homeless Network (THN) is the HMIS Lead Agency as defined by HUD.

The purpose of this License Agreement is to ensure proper use of HMIS licenses issued to the CHOs HMIS users (Users). The steps required for acquiring, maintaining and terminating HMIS licenses are listed below.

**GET A NEW HMIS USER LICENSE**

HMIS licenses are available only to participating CHOs who sign and abide by the HMIS Agency Participation Agreement. Each prospective User and Direct Supervisor must sign and submit the HMIS User Agreement (this document) to the HMIS Data Center. A User license will only be issued upon successful completion of the initial HMIS User Training and receipt of signed documentation.

Users will receive a temporary password via email within three workdays after completing the training. User must log into ClientTrack HMIS immediately to change password and complete recovery information requirements, in case of lost password. Any issues with login, User ID, password, etc. must be reported immediately to the HMIS Data Center via email or phone.

**KEEP YOUR CURRENT HMIS USER LICENSE**

Users not participating into HMIS for more than 45 days will be locked out due to non-activity. THN requires a fee to reactivate a locked out account; the fee must be paid with a company check and sent to THN office. Certain User licenses may be exempt from this rule if previously approved by THN.

Passwords must be changed annually, but HMIS Data Center recommends a 90-day update. If a user forgets the password, user should use proper channels to re-set the password. Hint: it's part of the HMIS Training.

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**TERMINATE A HMIS USER LICENSE**

THN HMIS Data Center staff must be notified by user's Direct Supervisor when an HMIS User leaves the agency or transfers positions and will no longer access HMIS. This notification must be made within 24 hours by email or phone. THN HMIS Data Center staff may terminate a User license for a number of reasons, including: fraud, misuse, negligence, license sharing, inactivity, client duplication, etc. HMIS User's supervisor will be notified of any license terminations. An HMIS User license may be reactivated in some cases, provided that the User's supervisor is informed, gives assurances about future usage and the User completes a new training.

**HMIS USER RESPONSIBILITY**

Your User Name and Password give you access to THN HMIS. Initial each item below to indicate your understanding and acceptance on the proper use of your HMIS Credentials. Failure to uphold the standards of the THN HMIS is grounds for immediate access removal from the THN HMIS and may result in personnel action.

\_\_\_ I have read and understand the THN HMIS Policies and Standard Operating Procedures (or have been trained on them) and will abide by the protocols set forth in that document.

\_\_\_ I have read and understand the THN HMIS Data Quality Plan (or have been trained on it) 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 including my Local HMIS Admin and Executives.

\_\_\_ I understand that the only individuals who are allowed to view information in the HMIS system are authorized users and the Clients to whom the information pertains.

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

\_\_\_ Failure to log off the THN HMIS appropriately may result in a breach in client confidentiality and system security. Therefore, I will log off of the THN HMIS each time I use it.

\_\_\_ Hard copies of HMIS information, if needed, must be kept in a secure file.

\_\_\_ If hard copies of HMIS information are no longer needed, they must be properly destroyed.

\_\_\_ If I notice or suspect a security breach or abuse of client confidentiality, I will immediately notify my Local HMIS Administrator or THN HMIS Data Center staff.

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**CODE OF ETHICS**

\_\_\_ I will maintain a high standard of professional conduct when accessing HMIS.

\_\_\_ I understand that in accordance with the Agency Partnership Application and the HMIS Data Quality Plan:

- HMIS User is responsible for creating and maintaining client records in HMIS, including enrollments, assessments, services, housing check-ins, etc.
- HMIS User will not misrepresent client records and other transactions in HMIS by knowingly entering inaccurate information (e.g., user will not purposely enter inaccurate information on a new record or to override the information entered by another agency).

\_\_\_ The THN HMIS User must treat clients and users from participating partner agencies with respect, fairness and good faith.

- Discriminatory comments based on race, color, religion, national origin, ancestry, disability, age, sex and/or sexual orientation are not permitted in HMIS.
- Partner agency users will not use HMIS with intent to defraud the federal, state, or local government; an individual entity; or to conduct any other illegal activity.
- Partner agency users will not disclose any personal client information without written consent from the client or as allowed by the HMIS Privacy Policy

By signing the HMIS User Agreement, you agree to comply with the above terms and conditions.

\_\_\_\_\_  
**HMIS User (Signature)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Direct Supervisor (Name)**

\_\_\_\_\_  
**Direct Supervisor (Signature)**

\_\_\_\_\_  
**Local HMIS Administrator (Name)**

\_\_\_\_\_  
**Local HMIS Administrator (Signature)**

<b>DO NOT WRITE IN THIS SECTION. FOR THN HMIS DATA CENTER STAFF ONLY</b>	
Date of Training: _____	Training Method: _____
Trainer: _____	HMIS Workgroup: _____