

# NW Social Service Connections

(Washington County, Oregon)

## User Agreement

Name of User (First & Last): \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Statement of Confidentiality

Employees, volunteers, and any other persons with access to NW Social Service Connections CMIS/HMIS are subject to certain guidelines regarding use of ServicePoint™. ServicePoint™ contains personal and private information on individuals and all such information must be treated carefully and professionally by all who access it.

Guidelines for use of ServicePoint include:

- The **User** shall comply with all data standards and policies and procedures. [This is you!]
- ServicePoint™ User Identification and Passwords must be kept secure and are **not to be shared**. [Do not share or let someone use your login/password]
- Information obtained from ServicePoint™ is to remain confidential, even if my relationship with the organization listed above changes or concludes for any reason.
- The **Covered Homeless Organization** (CHO) must post a privacy notice describing its policies and practices for the processing of Protected Personal Information (PPI). The User must offer to explain any information that the individual does not understand, and must provide a copy of its privacy notice to any individual upon request. [CHO is your agency]
- Informed client or guardian consent, as documented by a Release Of Information (ROI) form, is required for any data sharing or disclosure of identifying information and service transactions via ServicePoint™.
- If a client or guardian chooses not to sign a ROI form, all client information must be closed with no exceptions.
- **Only general, non-confidential information is to be entered in the "other notes/comments" section of the Client Profile on ServicePoint™.** Confidential information, including TB diagnosis, HIV diagnosis or treatment information, domestic violence and mental and/or physical health information, is not permitted to be entered in this section. [Your ServicePoint Trainer will show you this section]
- Only Client records pertaining to user's assigned work duties will be accessed.
- All users agree to adhere to the contract signed by their agency stating that client information will be entered into ServicePoint™ accurately and within five business days of client contact.
- Only individuals that exist as clients under the Organization's jurisdiction may be entered into ServicePoint™.
- **Misrepresentation of the client base by entering known, inaccurate information is prohibited.** [If you want to practice with fake data, use the Training site and NOT the live site]
- Client records are not to be deleted from ServicePoint™, contact NWSSC CMIS/HMIS System Administrators for appropriate action.
- Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in ServicePoint™. Profanity and offensive language are not permitted in ServicePoint™.
- **ServicePoint™ is to be used for business purposes only.** [Access only for work purposes]
- Transmission of material in violation of any United States Federal or State of Oregon regulations or laws is prohibited and includes material that is copyrighted, legally judged to be threatening or obscene, and considered protected by trade secret. ServicePoint™ will not be used to defraud the Federal, State, or local government or an individual entity or to conduct any illegal activity.

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- Any unauthorized use, access or unauthorized modification to ServicePoint™ computer system information or interference with normal system operations will result in immediate suspension of your access to ServicePoint™ and may jeopardize your ServicePoint access and/or your employment status.
- ServicePoint™ shall only be accessed from the **Organization's network, desktops, laptops, mini-computers and any other electronic devices that are web capable.** In special circumstances access from **remote** locations may be permitted after application and approval by both the Agency and System Administrators.
- The User is expected to physically enter the password each time he or she logs on to the system. **DO NOT Save passwords in auto-complete settings.**
- Should the User download client identifiable information in any format, he or she will securely store and/or dispose of all electronic and hardcopy in a manner to protect the client's personal information. At a minimum this will require the use of strong password protection, preferably including encryption.
- This agreement will be superceded by any additional or alternative agreements presented by NWSSC CMIS/ HMIS System Administrators.

[You agree to access ServicePoint ONLY from your Organization's computer, and ONLY on your Organization's WiFi network]

[Remote Locations = home; conference locations; any place that is not one of your Organization's office]

Failure to comply with the provisions of this Statement of Confidentiality may result in the termination of the User License or Agency Participation. Your signature below indicates your agreement to comply with this statement of confidentiality. There is no expiration date of this agreement, and may be renewed when System Administrators see the need.

[Sign Here]

[LEAVE WITNESS FIELDS BLANK for your County-appointed ServicePoint Trainer to sign]

\_\_\_\_\_  
**HMIS User Signature**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
Date

[First and Last Name, Job Title]

\_\_\_\_\_  
**HMIS User Printed Name and Title**

\_\_\_\_\_  
**Witness Printed Name and Title**

\_\_\_\_\_  
Date

The User Agreement/Statement of Confidentiality should be **kept on file at the Organization or returned to the appropriate lead organization** when requested. Forms for individuals no longer employed by the Participant should be kept on file for seven years following date of termination. System Administrators may, at any time, monitor compliance.

[The Trainer will keep the original and email you a copy of the completed form for your records]

### INTERNAL USE ONLY - Note: Training is required prior to access of User License

\_\_\_/\_\_\_/\_\_\_ Privacy and Security Training (Date)

\_\_\_/\_\_\_/\_\_\_ HMIS Basic 101 Training (Date)

**Training is complete as indicated by Witness Signature (see above).**  
\_\_\_\_\_  
Signature of Trainer

\_\_\_\_\_  
Assign License - User to Mirror

**Washington County HMIS System Administrator**  
Annette M. Evans  
Washington County Department of Housing Services  
111 NE Lincoln Street, MS-63, Hillsboro, OR 97124  
503-846-4760 Annette\_Evans@co.washington.or.us

Internal Use Only:

Login \_\_\_\_\_ Login Provider \_\_\_\_\_  
Access Level \_\_\_\_\_ ART License \_\_\_\_\_