**Homeward Community Information System (HCIS)**

**User Policy and Code of Ethics**

For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Name (print name)*

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CoC:

*Agency Name (print agency name)*

The Homeward Community Information System (HCIS) is a web-based database used by the Agency to track client and service data. Homeward of Richmond, Virginia is a non-profit organization that maintains HCIS using ServicePoint, a software application provided under contract with Wellsky.

Each Agency using HCIS must maintain minimum standards of security and confidentiality, many of which are required by state or federal law. Users of HCIS have both legal and ethical responsibilities to ensure that system data is being collected, accessed, and used appropriately. All client data should be considered confidential.

Please initial each item below to indicate your understanding and agreement.

\_\_\_\_\_\_\_\_ I understand that HCIS data is confidential, and that unauthorized disclosure is a violation of HCIS policy, agency policy, and applicable state and federal laws.

\_\_\_\_\_\_\_\_ I understand that I should only record a release of information in the system if the client has signed a release of information or given verbal authorization, which grants the ability to share information with other service providers. Use of the release of information may be governed by agency policy.

\_\_\_\_\_\_\_\_ I understand that my agency must have a copy of the privacy notice (available on Homeward’s website), which provides information about data collection, posted or available in a location visible to clients. The full privacy notice is also available for clients.

\_\_\_\_\_\_\_\_ I have received training in the use of HCIS.

\_\_\_\_\_\_\_\_ I have read and understood the HCIS Policies and Procedures Manual.

\_\_\_\_\_\_\_\_ I have received, read, and understand the HCIS Client Privacy Notice.

**Responsibilities**

\_\_\_\_\_\_\_\_ I will log off the HCIS before leaving my computer.

\_\_\_\_\_\_\_\_ I will not log in as another user or allow another user to use my user name.

\_\_\_\_\_\_\_\_ I will keep my password secret and will not store my password in a publicly accessible location.

\_\_\_\_\_\_\_\_ I will secure access to any reproduction of protected data including computer files, backups, print-outs, and photocopies.

\_\_\_\_\_\_\_\_ I will abide by the confidentiality or privacy policy of the Agency.

\_\_\_\_\_\_\_\_ I will use HCIS solely for the legitimate purposes of the Agency.

\_\_\_\_\_\_\_\_ I will not access or attempt to access data or functions beyond those for which I have been given permission to utilize in order to perform legitimate job functions associated with my role.

\_\_\_\_\_\_\_\_ I will use the system in a manner consistent with state and federal law and will not use it to defraud any entity or conduct any illegal activity.

\_\_\_\_\_\_\_\_ I will notify the Director of the Agency or Homeward if I become aware of a breach of security or confidentiality and complete an incident report. At the discretion of the Director, the incident report will be forwarded to Homeward.

What is your role at your agency: (check only one)

|  |  |  |
| --- | --- | --- |
| [ ]  Full-time staff | [ ]  Americorps | [ ]  Intern |
| [ ]  Part-time staff  | [ ]  Volunteer |  |

If part-time, intern, Americorps or volunteer, how many days per week \_\_\_\_\_\_\_\_

Which tasks do/will you perform in the database: (Please check all that apply)

|  |  |  |
| --- | --- | --- |
| [ ]  Add new clients to database | [ ]  Run reports | [ ]  Look up client data |
| [ ]  Edit client level data (e.g., ROI, Entry, Case Plans)  |  |  |

How often will you access/log in to the database: (Check only one)

|  |  |  |
| --- | --- | --- |
| [ ]  Daily | [ ]  Weekly | [ ]  Monthly |
| [ ]  Quarterly  | [ ]  Semi Annual |  |
| [ ]  Annual |  |  |
|  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

*Signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name (please print)*

