



# PA HMIS Collaborative User System Agreement

**Agency Name (Please Print):** \_\_\_\_\_

*\*Note: the agency listed should be for the organization in which the user plans to access in PA HMIS*

**Full Name (Please Print):** \_\_\_\_\_

**User Email Address:** \_\_\_\_\_

In this System User Agreement, "Agency" refers to the agency named above. Agency recognizes the privacy of client needs in the design and management of the Pennsylvania HMIS ("PA HMIS"). These include both the need to continually improve the quality of homeless and housing services with the goal of eliminating homelessness in our community, and the need to vigilantly maintain client confidentiality, treating the personal data of our most vulnerable populations with respect and care.

As the guardians entrusted with this personal data, PA HMIS Participating Agency users ("Users") have a moral and a legal obligation to ensure that the data is being collected, stored, accessed and used appropriately. It is also the responsibility of each User to ensure that client data is only used for the purposes for which it was collected. Proper user training; compliance with the terms and conditions as stated in the PA HMIS Participation Agreement, the PA HMIS Privacy Policy, and the PA HMIS Policies and Standard Operating Procedures; and a clear understanding of client confidentiality are vital to achieving these goals.

Relevant points regarding client confidentiality include:

- A client consent form must be signed by each client whose data is shared with PA HMIS Participating Agencies via the PA HMIS. Users may not share client data with Users at other PA HMIS participating agencies via the PA HMIS without obtaining this written permission from the client.
- Client consent may be revoked by that client at any time by returning to any previously visited PA HMIS Participating Agency, and completing the PA HMIS Collaborative Client Consent form again, but by checking the "I do not agree" statement on the form.
- No client may be denied services for failure to provide consent for PA HMIS data sharing or collection.
- Clients have a right to inspect, receive a copy and request changes to their PA HMIS records.
- Users will maintain PA HMIS data in such a way as to protect the identity of clients from nonparticipating agencies, individuals or entities.
- Any User failing to protect client confidentiality as set forth in this System User Agreement; the PA HMIS Participation Agreement, the PA HMIS Privacy Policy, or the PA HMIS Policies and Standard Operating Procedures, may be denied access to the PA HMIS.

**I have received and read a copy of the PA HMIS Participation Agreement, the PA HMIS Privacy Policy, and the PA HMIS Policies and Standard Operating Procedures and affirm the following:**

1. I have read and will abide by the terms of the PA HMIS Participation Agreement, the PA HMIS Privacy Policy, and the PA HMIS Policies and Standard Operating Procedures.
2. I will maintain the confidentiality of client data in the PA HMIS as outlined above and as outlined in the PA HMIS Participation Agreement, the PA HMIS Privacy Policy, and the PA HMIS Policies and Standard Operating Procedures.
3. I will only collect, enter, and extract data in the PA HMIS relevant to the delivery of services to homeless, at risk of becoming homeless, and formerly homeless people experiencing a crisis in our community.

\_\_\_\_\_  
New User's Signature

\_\_\_\_\_  
Date

*By checking this box I certify that the above represents my signature.*



## PA HMIS Collaborative User System Agreement

The listed user is authorized to access all client level data in the above-named agency in PA HMIS and with the workgroup permissions level of the following:

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**CoC Affiliation** *(please select all that apply):*

Eastern CoC

Western CoC

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**PA HMIS Access Types** *(please select all that apply):*

Case Manager

Agency Manager

PATH Case Worker

Coordinated Entry Intake Specialist

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The PA HMIS Agency Manager or other Signatory Authority authorizes this new user access to the above-named agency and grants permission to provide a user account in the PA HMIS system.

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Agency Manager's Signature

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Date

*By checking this box I certify that the above represents my signature.*