# Columbus-Muscogee / Russell County
## Continuum of Care
## Homeless Management Information System (CM RC COC HMIS)

### User License Agreement
**Version 1.3**
**Effective Date: November 1, 2019**

**User Name:** _____

**Organization Name:** _____

**Program Name:** _____

**License Effective Date:** _____

## USER RESPONSIBILITY AND ETHICS

Your User ID and Password give you access to the CM RC CoC HMIS.  Initial each item below to indicate your understanding and acceptance of the proper use of your User ID and password. All users in the CM RC COC HMIS must abide by the *Policies and Procedures* manual that govern the use of the system and define security and confidentiality protocols. CM RC COC HMIS Users must treat clients and contributing HMIS organizations (CHOs) with respect, fairness and good faith, and should maintain high standards of professional conduct in the capacity as a CM RC COC HMIS User. Failure to uphold the standards of the CM RC COC HMIS is grounds for immediate termination from the CM RC COC HMIS and may result in personnel action.

____ I have read and understand the *Policies and Procedures* manual (or have been trained on them) 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.

____ I must take all reasonable means to keep my Password physically secure.

____ A computer that has the CM RC COC HMIS open and running shall never be left unattended.

____ Failure to log off the CM RC COC HMIS appropriately may result in a breach in client confidentiality and system security.

____ Hard copies of client information printed from the CM RC COC HMIS must be kept in a secure file.

____ When hard copies are no longer needed, they must be properly destroyed to maintain confidentiality.

____ If I notice or suspect a security breach, I must immediately notify the CM RC COC HMIS Administrator or other Home for Good staff.

I understand and agree to comply with all the statements listed above.

_____          _____
User Signature                                                                      Date

_____          _____
Organization Administrator Signature                                       Date