

Santa Barbara County HMIS

CODE OF ETHICS

Name _____ Agency/Organization _____

As an Authorized User (Agency/Organization Staff or Agency/Organization Volunteer) of the Santa Barbara County HMIS who enters information into the Santa Barbara County HMIS or views electronic information in the Santa Barbara County HMIS, I agree to the following:

- _____ I understand that my User ID and Password give me access to the Santa Barbara County HMIS. My User ID and Password are for my use only and I will not share, or allow them to be shared, with any person for any reason. I will take all reasonable means to keep my User ID and Password physically secure to prevent its use by any other person.
- _____ I will abide by all the policies and follow all the procedures adopted by the Continuum of Care to govern Santa Barbara County HMIS, including but not limited to the Santa Barbara County HMIS Administrative Policies and Procedures, Privacy Plan, Security Plan, and Data Quality Plan. I understand that failure to do is cause to revoke my access to the Santa Barbara County HMIS.
- _____ I understand that the only individuals who can view information in the Santa Barbara County HMIS are other Authorized Users and the client to whom the information pertains. An Authorized User is a person who has signed an HMIS End User Agreement which has been submitted to the County of Santa Barbara Community Services Department, Housing and Community Development Division (HCD) and is recognized by HCD as a registered user of HMIS.
- _____ I understand that not all Authorized Users can view all information.
- _____ I will only view, obtain, disclose, or use the database information that is necessary to perform my job.
- _____ If I am logged into the Santa Barbara County HMIS and must leave my work area for any length of time, I must log off the Santa Barbara County HMIS and close the Internet browser before leaving the work area.
- _____ A computer that has Santa Barbara County HMIS open and running shall never be left unattended.
- _____ Failure to log off the Santa Barbara County HMIS appropriately may result in a breach in client confidentiality and system security.
- _____ I will obtain and file a hard copy of such client consent forms as required by the policies and procedures adopted by the Continuum of Care to govern Santa Barbara County HMIS and state and/or federal law.
- _____ I understand that I must save data at regular intervals because the system will log off at fifteen-minute intervals without automatically saving the information that I have entered.
- _____ I agree to enter data into the Santa Barbara County HMIS in accordance with the policies and procedures adopted by the Continuum of Care to govern Santa Barbara County HMIS and requirements of the United States Department of Housing and Urban Development.
- _____ I agree that I will not enter in the Santa Barbara County HMIS discriminatory comments made by or about an employee, volunteer, or other person based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation. I understand that offensive language and profanity are not permitted in the Santa Barbara County HMIS. This does not apply to the input of direct quotes by a client IF the agency/organization believes that it is essential to enter these comments for assessment, service and treatment purposes.

_____ I agree to use the Santa Barbara County HMIS ONLY for business purposes related to serving the clients of my agency/organization.

_____ If I notice or suspect a security breach, I shall immediately notify the designated HMIS contact person in my agency/organization who is _____ and the Santa Barbara County HMIS Administrator, who is **Kimberlee Albers (805-560-1090, kalbers@co.santa-barbara.ca.us)**.

_____ As an Authorized User of the Santa Barbara County HMIS, I will treat other member agencies and their staff with respect, fairness and good faith.

_____ As an Authorized User of the Santa Barbara County HMIS, I will treat clients and potential clients of my agency/organization and other agencies with respect, fairness and good faith in obtaining and entering their data.

_____ As an Authorized User of the Santa Barbara County HMIS, I will maintain high standards of professional conduct.

_____ As an Authorized User of the Santa Barbara County HMIS, I recognize that my primary responsibility is to my client.

_____ I understand that my access to HMIS may be revoked and I may be subject to personnel action from my employer for failure to comply with this End User Agreement.

I have read, understand and agree to comply with all of the statements above.

Authorized User

Signature Date

Name Title

Email Address Phone Number

Agency/Organization Executive Director or Technical Administrator

Signature Date

Name Title

Santa Barbara County HMIS System Administrator

Signature Date

Name Title

Office Use Only

User ID Date Issued

Training Workflow Training Date