

LSNDL SERVICEPOINT HMIS ACCOUNT REQUEST AND ACCESS STATEMENT

All users on the LSNDL ServicePoint HMIS (Homeless Management Information System) must complete this form in its entirety. This form authorizes, VIA Link, REGIONAL LSNDL LEAD AGENCY, to provide the individual you list below with a unique ServicePoint login and password to view, add, edit, delete and possibly share your agency's client data stored in the LSNDL database. By law, this user CANNOT SHARE their login and password with any other individual. Violation may result in a permanent ban from using the LSNDL system software. If you have any questions regarding this account request form, please contact your Regional LSNDL System Administrator at 504- 896-2010.

REQUEST FOR A LSNDL SERVICEPOINT USER ACCOUNT

Account is for the following paid employee/student intern:

Employee's E-mail:	Employee's Phone Number:
Employee's Title:	Immediate Supervisor's Name

AUTHORIZE EMPLOYEE'S ACCESS TO CLIENT RECORD

Name of your agency's program(s) that this user can access, allowing for them to add, edit, and delete client data:

- User has professional license for and is authorized to document ICD-9 codes in client files. (Additional costs related to ICD-9 code access may apply.)
- User has professional license for and is authorized to document CPT codes in client files. (Additional costs related to CPT code access may apply.)
- User has professional license for and is authorized to document DSM-IV-TR codes in client files. (Additional costs related to DSM-IV-TR code access may apply.)
- Allow user to change the security settings of client records. This feature lets the user "open" and "close" portions of current client data to other agencies.
- Allow User to "Back-Date" Releases of Information. This feature lets the user share past or "Back-Dated" client data with other agencies.

****Please note that it is the responsibility of the Agency's Executive Director, or the above employee's immediate supervisor, to notify the Regional LSNDL System Administrator of the employee's termination from the agency, placement on disciplinary probation, or upon any change in duties not necessitating access to LSNDL System information within one business day of the occurrence. Failure to comply may result in the revocation of the Agency's use of the LSNDL System.**

Executive Director's Signature (Date):

Regional LSNDL System Administrator (VIA LINK) Signature (Date):

UNITY HMIS User Policy, Code of Ethics, User Statement of Confidentiality & Responsibility Statement



For: User Name (Print Name)

From: Agency Name (Print Name)

USER POLICY

It is a Client's decision about which information, if any, is entered into HMIS and whether that information is to be shared with any other HMIS Partner. The Client Consent Form and Client Authorization for Use/Disclosure of Protected Information must be signed by Client before any identifiable Client information is designated in HMIS for sharing with any Partner Agencies. User shall insure that prior to obtaining Client's signature; the Client Authorization for Use/Disclosure of Protected Information was fully reviewed with Client in a manner to insure that Client fully understood the information (e.g. securing a translator if necessary).

USER CODE OF ETHICS

- Users must be prepared to answer Client questions regarding HMIS.
- Users must faithfully respect Client preferences with regard to the entry and sharing of Client information within HMIS.
- Users must accurately record Client's preferences by making the proper designations as to sharing of Client information and/or any restrictions on the sharing of Client information.
- Users must allow Client to change his or her information sharing preferences at the Client's request.
- Users must not decline services to a Client or potential Client if that person refuses to allow entry of information into HMIS or to share their personal information with other agencies via HMIS.
- The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.
- Users will not solicit from or enter information about Clients into HMIS unless the information is required for a legitimate business purpose such as to provide services to the Client.
- Users will not use HMIS database for any violation of any law, to defraud any entity or conduct any illegal activity.
- Upon Client written request, users must allow a Client to inspect and obtain a copy of the Client's own information maintained within HMIS. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.
- Users must permit Clients to file a written complaint regarding the use or treatment of their information within HMIS. Client may file a written complaint using the UNITY HMIS Client Grievance Form and send it to Manager of Programs and Training, UNITY of Greater New Orleans, 2475 Canal Street, Ste. 300, New Orleans, LA 70119. Clients may not be retaliated against for filing a complaint.

Statement of Confidentiality

I agree to maintain strict confidentiality of information obtained through UNITY HMIS. This information will be used only for the legitimate client service and administration of the above named Agency. Any breach of confidentiality will result in my immediate termination of participation in the UNITY HMIS.

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

HMIS User Signature,

HMIS User Name (please print),

Date

HMIS Director's Signature,

Date

UNITY HMIS User Policy, Code of Ethics, User Statement of Confidentiality & Responsibility Statement



USER RESPONSIBILITY

Your User ID and Password give you access and authority to use the UNITY HMIS. Initial each item below to indicate your understanding and acceptance of the proper use of your User ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination of User privileges. Please initial each item below to indicate your acceptance and understanding of the user responsibilities below:

_____ My User ID and Passwords must be physically secure and not to be shared with anyone, including other staff members, supervisors or Executive Director.

_____ I understand that the only individuals who can view information in the UNITY HMIS are authorized users and the Client to whom the information pertains.

_____ I understand that my access to UNITY HMIS is limited to my designated work and this location must meet all HMIS Data and Technical Standards.

_____ I may only view, obtain, disclose, or use client data from UNITY HMIS that is necessary to perform my job and that these rules apply to all users of UNITY HMIS, whatever their work role, position, or location.

_____ Clients have the right to see their information on UNITY HMIS. If a client requests to see their information, the Participating Agency/User who receives the request must review the information with the client.

_____ I understand that failure to log off UNITY HMIS appropriately may result in a breach in client confidentiality and system security. If I am logged into UNITY HMIS and must leave the work area where the computer is located, I must log-off of the UNITY HMIS before leaving the work area.

_____ A computer that has UNITY HMIS "open and running" shall never be arranged so that unauthorized individuals may see the information on the screen.

_____ Hard copies and downloads of information from the UNITY HMIS onto a hard drive or disk must be kept secure to ensure that only appropriate agency staff has access.

_____ When hard copies and downloads of UNITY HMIS Client information are no longer needed, they must be properly destroyed as described in your agency's privacy and confidentiality policies.

_____ I understand that I must not change the closed security on any Client data unless the Client has given informed consent, through a signed Client Consent Form and Client Authorization for Use/Disclosure of Protected Information. The UNITY HMIS Security settings must always reflect the Client's expressed wishes as documented through the Informed Consent process.

_____ I understand that in the event that I am terminated or leave my employment with this agency my access is revoked and I must not use my User ID and Passwords to access to the UNITY HMIS.

_____ If I notice or suspect a security breach, I must immediately notify the UNITY HMIS System Administrator.

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

HMIS User Signature,	HMIS User Name (please print),	Date
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HMIS Director's Signature,		Date
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LSNDP USER AGREEMENT

USER RESPONSIBILITY STATEMENT:

Your User ID and Password gives you access and authority to use the LSNDP System. Initial each item below to indicate your understanding and acceptance the user responsibilities and the proper use of your User ID and Password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination of User privileges.

_____ I understood I am required to sign an acknowledgement that I have read and understood the LSNDP Standard Operating Procedures.

_____ I understand my User ID and Passwords must be physically secure and not to be shared with anyone, including other staff members, supervisors or Executive Director.

_____ I understand that the only individuals who can view information in the LSNDP System are authorized users and the Client to whom the information pertains.

_____ I understand that my access to the LSNDP System is limited to my designated work and this location must meet all HUD HMIS Data and Technical Standards.

_____ I understand I may only view, obtain, disclose, or use client data from the LSNDP System that is necessary to perform my job and that these rules apply to all users of the LSNDP System, whatever their work role, position, or location.

_____ I understand clients have the right to see their information in the LSNDP System. If a client requests to see their information, the Participating Agency/User who receives the request must review the information with the client.

_____ I understand that failure to log off the LSNDP System appropriately may result in a breach in client confidentiality and system security. If I am logged into LA HMIS and must leave the work area where the computer is located, I must log-off of the LSNDP System before leaving the work area.

_____ I understand a computer that has the LSNDP System "open and running" shall never be arranged so that unauthorized individuals may see the information on the screen.

_____ I understand hard copies and download of information from the LSNDP System onto a hard drive or disk must be kept secure to ensure that only appropriate agency staff has access.

_____ I understand as described in the LSNDP Standard Operating Procedures [insert section#]. When hard copies and downloads of the LSNDP System Client information are no longer needed, they must be properly destroyed.

_____ I understand that I must not change the closed security on any Client's signed LSNDP Client Release of Information. The LSNDP System security settings must always reflect the Client's expressed wishes as documented through the LSNDP Client Release of Information.

_____ I understand that in the event that I am no longer employed with this agency my access is revoked immediately and I must not use my User ID and Passwords to access to the LSNDP System.

_____ I understand if I notice or suspect a security breach, I must immediately notify the Regional System Administrator at Clifton Harris at 504-899-6519.

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

Executive Director's Signature (Date):

User Signature (Date):

LSNDC USER AGREEMENT

User Name	Agency Name	User Email:
<p>USER POLICY: It is a Client's decision about which information is to be shared with any other Louisiana Services Network Data Consortium (LSNDC) Partner Agency. The LSNDC Client Release of Information must be signed by Client before any Client information is designated in LSNDC System for sharing with any Partner Agencies. User shall ensure that prior to obtaining Client's signature the LSNDC Client Release of Information was fully reviewed with Client in a manner to ensure that Client fully understood the information (e.g. securing a translator if necessary).</p>		
<p>USER CODE OF ETHICS Users must not decline services to a Client or potential Client if that person refuses to allow entry of information into the LSNDC System or to share their personal information with other agencies via the LSNDC System.</p> <p>Users must be prepared to answer Client questions regarding the LSNDC System.</p> <p>Users must faithfully respect and accurately record Client preferences with regard to the entry and sharing Client information within the LSNDC System.</p> <p>Users must allow Client to change his or her information sharing preferences at the Client's written request.</p> <p>The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.</p> <p>Users will not solicit from or enter information about Clients into the LSNDC System unless the information is required for a legitimate business purpose such as to provide services to the Client.</p> <p>Users will not use the LSNDC System for any violation of any law, to defraud any entity or conduct any illegal activity.</p> <p>Upon Client written request, users must allow a Client to inspect and obtain a copy of the Client's own information maintained within the LSNDC System. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client. For example, client doesn't have the right to see client-related information that has specifically been gathered from the LSNDC system in preparation for a court case involving Client. This would not include the kind of client data typically entered into the LSNDC system but only information relevant to the action or proceeding mentioned.</p> <p>Users must permit Clients to file a written complaint regarding the use or treatment of their information within the LSNDC System. Client may file a written complaint using the LSNDC Client Grievance Form and send it to Regional System Administrator: VIA Link, PO Box 19127 New Orleans, LA 70179. Clients may not be retaliated against for filing a complaint.</p>		
<p>CONFIDENTIALITY STATEMENT: I agree to maintain strict confidentiality of information obtained through the LSNDC System. This information will be used only for the legitimate client service and administration of the above named Agency. Any breach of confidentiality will result in my immediate termination of participation in the LSNDC System.</p>		
<p>I understand and agree to comply with all the statements listed above.</p>		
<p>Executive Director's Signature (Date):</p>		
<p>_____ User Signature (Date):</p>		