



## Audit HMIS User Setup Instructions

For an auditor to gain access to the HMIS the following steps must be completed:

**1. User initials & signs the HMIS Code of Ethics**

All new users must sign the Code of Ethics prior to gaining access to the HMIS (pages 3-4 of this Packet).

**2. Agency Administrator completes the New User Information Form**

Agency admin or agency contact must complete New User Information Form for each new user that requires access to the HMIS (page 2 of this Packet).

**3. Agency Administrator submits a “New User Request” ticket [on the HMIS Support Website](#).**

Within the ticket, you must attach the completed New User Packet (pages 2-4 are required). Tickets can be submitted by clicking “Submit a Ticket” on this page: <https://community.solari-inc.org/submit-a-ticket/>.

**4. HMIS staff will review packet and provide login instructions**

HMIS-Support staff will only accept complete packets. If incomplete or incorrect information is submitted, HMIS-Support staff will let the requestor know what needs to be completed. HMIS-Support staff then will close the ticket and await a corrected packet to be submitted via a new ticket.



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### New User Information Form

<b>Agency Name</b>		<input type="checkbox"/> BOS	<input type="checkbox"/> MAR
<b>User Legal Name</b>			
<b>Job Title</b>			
<b>Email Address</b>			
<b>Audit Agency</b>			

### HMIS Access Information

<b>User Responsibilities</b>	<input type="checkbox"/> Audit Only	<input type="checkbox"/> Generates Reports
<b>List the project ID number for all projects that the user will enter data into. (ex. 14514)</b>  <b>Or the project full name of the project, as it appears in the HMIS. (ex. HMIS High Risk)</b>	<ul style="list-style-type: none"><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li><li>• _____</li></ul>	

### HMIS Items (required)

- New User Form is complete with all needed project codes and or names**
- Code of Ethics is signed and included with packet**

I authorize this user to access the HMIS. I have reviewed their code of ethics and have confirmed that they have completed the training necessary to complete their work in the HMIS.

\_\_\_\_\_  
Agency Admin (or HMIS Primary Contact) Name

\_\_\_\_\_  
Agency Admin (or HMIS Primary Contact) Signature

\_\_\_\_\_  
Date



## **Audit HMIS User Setup Instructions** **Code of Ethics for Persons Using the HMIS**

User Name: \_\_\_\_\_

As a user (agency staff or agency volunteer) of the HMIS who enters information into the HMIS or views electronic information in the HMIS, I agree to the following: (Please initial)

- \_\_\_\_\_ I understand that my User ID and Password give me access to the 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 understand that the only individuals who can view information in the HMIS are authorized users and the clients to whom the information pertains.
- \_\_\_\_\_ I understand that not all 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 HMIS and must leave my work area for any length of time, I must log-off the HMIS and close the Internet browser before leaving the work area
- \_\_\_\_\_ A computer that has the HMIS open and running shall never be left unattended by the person with the authorization to use that computer.
- \_\_\_\_\_ Failure to log off the 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 are required by my agency, state and/or federal law and the HMIS.
- \_\_\_\_\_ I understand that I must save data at regular intervals because the system will log off at 30-minute intervals without automatically saving the information that I have entered.
- \_\_\_\_\_ I agree to enter data into the HMIS in accordance to the policies of my agency and the standards of HMIS.



## Audit HMIS User Setup Instructions

- \_\_\_\_\_ I agree that I will not enter in the 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 HMIS. This does not apply to the input of direct quotes by a client IF the Agency believes that it is essential to enter these comments for assessment, service and treatment purposes.
- \_\_\_\_\_ I agree to use the HMIS ONLY for business purposes related to serving the clients of my agency.
- \_\_\_\_\_ If I notice or suspect a security breach, I shall immediately notify the designated HMIS Contact person in my agency or the HMIS System Administrator.
- \_\_\_\_\_ As an HMIS user, I will treat other Member Agencies and their staff with respect, fairness, and good faith.
- \_\_\_\_\_ As an HMIS user, I will treat clients and potential clients of my agency and other agencies with respect, fairness and good faith in obtaining and entering their data.
- \_\_\_\_\_ As an HMIS user, I will maintain high standards of professional conduct.
- \_\_\_\_\_ As an HMIS user, I recognize that my primary responsibility is to my client.
- \_\_\_\_\_ I understand that I may be subject to personnel action, including but not limited to termination from employment or volunteer status, from my employer for failure to comply with this Code of Ethics.

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

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User Name

Agency Name

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User Signature

Date

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Agency Admin (or HMIS Primary Contact) Signature

Date