New HMIS User Setup Instructions & Forms

For a new user to gain access to the HMIS the following steps must be completed:

1. **<mark>The Agency Administrator</mark>** *completes & submits the New User Information Form*
   The agency admin or agency contact must complete the New User Information Form for each new user requiring access to HMIS (pages 2 & 4 of this Packet).

2. *<mark>The Agency Administrator</mark>* *directs the user's Training Pathway (Online Completed or In-Person Scheduled)*
   All users must complete a course that teaches them how to navigate the HMIS database and complete programmatic assessments and any programmatic-related functionality. To do this, all users can attend online or virtual training sessions. To access HMIS training, individuals must have a user account with the BOS or Maricopa LMS. To register for training please follow the below instructions:

   a. **Online Training:** This training is self-directed and can be completed when the user chooses.
      i. *BOS Users*
         1. Register for the BOS LMS by clicking here.
            a. You may be prompted to click on a "Request Access" button. Do so.
         2. You will receive a registration email with a link to https://tpch.talentlms.com/ - follow the instructions on the email.
         3. Log into the BOS LMS by clicking here.
         4. Select the applicable course(s).
         5. *Save the completed certificates as they need to be submitted with this packet*
      ii. *Maricopa Users*
         1. Log into the MAR LMS.
            a. Please contact the HMIS team or MAG staff at hsinfo@azmag.gov if you receive an error message stating: Email Registration with the email address "[email]" is blocked because it does not belong to an allowed domain.
         2. Click on "Certifications"
         3. Select the applicable course(s)
         4. *Save the completed certificates as they need to be submitted with this packet*

   b. **Virtual (Live) Training:** This is done with a live instructor over a webinar. This is available for both BOS and Maricopa users.
      i. Go to the virtual (live) training sign-up page
      ii. Click and register for the Training of your choice.

3. **The user** *initials & and signs the HMIS Code of Ethics*
   All new users must sign the Code of Ethics before access is granted to HMIS (pages 2-4 of this Packet).

4. **<mark>The Agency Administrator</mark>** *submits a "New User Request" ticket*
   Select "Submit a ticket" on the HMIS website. Choose the options "User Accounts" and then "New User Request". You must attach the completed New User Packet (pages 2-4 are required).
   a. For users choosing online training, this training must be done before submitting the "New User Request". Please attach all relevant training certificates.
   b. For users choosing virtual training, please submit the "New User Request" before the training date.

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

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New HMIS User Setup Instructions & Forms

New User Information Form

Agency Name		☐ BOS ☐ MAR
User Legal Name		
Job Title		
Email Address		
Work Phone		

HMIS Access Information

User Responsibilities	**Select ONE** ☐ **Case Manager** (Data Entry) ☐ **Auditor** (Read Only) ☐ **Agency Admin** (Data Entry, View All Agency Data, Password Resets)	☐ **SAP BO License** (Generate Reports)
List the project ID number (ex. 14514) or exact name as it appears in HMIS (ex. HMIS High Risk) for all projects that the user will have EDA access to.		

HMIS Training Scheduled or Completed (required)

☐ **This user has already completed the required online training as of (what date): _____**
☐ **What is the name of the online training completed: _____**
☐ **This user has signed up for live training scheduled on: _____**
      (If selecting live training, users will receive login credentials when they attend training)
☐ **The Code of Ethics is signed and included in the packet.**

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

_____
Supervisor (or HMIS Primary Contact/Agency Admin) **Name**

_____
Supervisor (or HMIS Primary Contact/Agency Admin) **Signature**   Date

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New HMIS User Setup Instructions & Forms
<u>Code of Ethics for Persons Using the HMIS</u>

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 the 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 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 with the HMIS open and running shall never be left unattended by the person authorized to use that computer.

_____ Failure to log off the HMIS appropriately may result in a breach of 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 minutes without automatically saving the information I entered.

_____ I agree to enter data into the HMIS by the policies of my agency and the standards of HMIS.

_____ I agree that I will not enter discriminatory comments made by or about an employee, volunteer, or other person based on race, color, religion, national origin, ancestry, handicap, age, sex, or sexual orientation into HMIS. I understand that offensive language and profanity are not permitted in the HMIS system. 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 HMIS-related COE statements above.

_____
Username   Agency Name

_____
User Signature   Date

_____
Supervisor (or HMIS Primary Contact/Agency Admin) Signature   Date