



TCHC CoC HMIS End User Security and Privacy Agreement

TCHC CoC HMIS System "ETO" | tchc.etosoftware.com

I, _____ (print name), employee at _____ (agency name) acknowledge that, as a representative of a Contributing HMIS Organization (CHO), I have access to confidential and sensitive client information. I understand that certain information contained in Homeless Management Information System (HMIS) files/screens is of a personal nature and that some information is considered confidential under law. I will use this information with confidentiality and discretion. I will disclose this information to other individuals only to the extent that it is specifically authorized. If at any time a question or problem arises about the release of information, I will not release any information until I am so authorized by my supervisor. **Under no circumstances will I access confidential information for any purpose other than the performance of my assigned job duties.**

My TCHC issued Username and Password gives me access to the ETO HMIS system. The system contains the private personal identifying information on persons and families being served in the Continuum of Care. As an End User, by my initial on each item below, I indicate my understanding and acceptance of the proper use of this ETO Username and Password and access to this information. Failure to uphold the confidentiality and security standards set forth below is grounds for my immediate termination from the ETO HMIS system and, as applicable, other agency actions and penalties under law. (Initial Each Line Below)

_____ My ETO Username and Password are for **my use only** and must not be shared with anyone and I will take all reasonable means to keep my password physically secure.

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

_____ I may only view, obtain, disclose, or use the ETO HMIS information that is necessary to perform my job.

_____ If I am logged into ETO and must leave the work area where the computer is located, I **must log-off** of ETO before leaving the work area and any computer that has ETO open and running shall never be left unattended. I understand that failure to log off ETO appropriately may result in a breach in client confidentiality and system security.

_____ Printed copies of HMIS generated client information must be kept in a secure file. When printed copies of HMIS information are no longer needed, they must be properly destroyed/shredded.

_____ If I notice or suspect a security breach, I must immediately notify agency supervision, the TCHC Executive Director, or HMIS Administrator.

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

ETO User Signature Date

I have instructed this person in the proper security and privacy procedures for use of the Fort Worth/Arlington/Tarrant County Continuum of Care HMIS system provided through Social Solutions ETO. I have explained the importance of information security and the consequences of any violation and believe he/she fully understands the consequences of a violation. I have instructed he/she on basic office practices to assure no breach of use of the internet-based HMIS system and the ETO software application.

HMIS System Administrator Date

TCHC Executive Director Date

SCAN AND EMAIL OR FAX A SIGNED COPY BY END USER TO TCHC AT: alexandra@ahomewithhope.org or 817-719-9489