

NW Social Service Connections

User Agreement

User name: _____ Organization: _____

Email: _____

Statement of Confidentiality

Employees, volunteers, and any other persons with access to NW Social Service Connections CMIS/HMIS are subject to certain guidelines regarding use of ServicePoint™. ServicePoint™ contains personal and private information on individuals and all such information must be treated carefully and professionally by all who access it.

Guidelines for use of ServicePoint include:

- The User shall comply with all data standards and policies and procedures.
- ServicePoint™ User Identification and Passwords must be kept secure and are not to be shared.
- Information obtained from ServicePoint™ is to remain confidential, even if my relationship with _____ changes or concludes for any reason.
- The CHO must post a privacy notice describing its policies and practices for the processing of PPI. The User must offer to explain any information that the individual does not understand, and must provide a copy of its privacy notice to any individual upon request.
- Informed client or guardian consent, as documented by a Release of Information form, is required for any data sharing, or disclosure of identifying information and service transactions via ServicePoint™.
- If a client or guardian chooses not to sign Release of Information form, all client information must be closed with no exceptions
- Only general, non-confidential information is to be entered in the “other notes/comments” section of the Client Profile on ServicePoint™. Confidential information, including TB diagnosis, HIV diagnosis or treatment information, domestic violence and mental and/or physical health information, is not permitted to be entered in this section.
- Client records only pertaining to user’s assigned work duties will be accessed.
- Only individuals that exist as clients under the Organization’s jurisdiction may be entered into ServicePoint™.
- Misrepresentation of the client base by entering known, inaccurate information is prohibited.
- Client records are not to be deleted from ServicePoint™, contact NWSSC CMIS/HMIS System Administrators for appropriate action.
- Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in ServicePoint™. Profanity and offensive language are not permitted in ServicePoint™.
- ServicePoint™ is to be used for business purposes only.
- Transmission of material in violation of any United States Federal or State of Oregon regulations or laws is prohibited and includes material that is copyrighted, legally judged to be threatening or obscene, and considered protected by trade secret. ServicePoint™ will not be used to defraud the Federal, State, or local government or an individual entity or to conduct any illegal activity.
- Any unauthorized use, access or unauthorized modification to ServicePoint™ computer system information or interference with normal system operations will result in immediate suspension of your access to ServicePoint™ and may jeopardize your ServicePoint access and/or your employment status.

NW Social Service Connections

User Agreement

- ServicePoint™ shall only be accessed from the Organization’s network, desktops, laptops, mini-computers and any other electronic devices that are web capable. In special circumstances access from remote locations may be permitted after application and approval by both the Agency and System Administrators.
- The User is expected to physically enter the password each time he or she logs on to the system. DO NOT Save passwords in auto-complete settings.
- Should the User download client identifiable information in any format, he or she will securely store and/or dispose of all electronic and hardcopy in a manner to protect the client’s personal information. At a minimum this will require the use of strong password protection, preferably including encryption.
- This agreement will be superseded by any additional or alternative agreements presented by NWSSC CMIS/ HMIS System Administrators.

Failure to comply with the provisions of this Statement of Confidentiality may result in the termination of the User License or Agency Participation. Your signature below indicates your agreement to comply with this statement of confidentiality. There is no expiration date of this agreement, and may be renewed when System Administrators see the need.

Signature

Witness Signature

Date

Printed Name and Title

Witness Printed Name and Title

Date

The User Agreement/Statement of Confidentiality should be kept on file at the Organization or returned to the appropriate lead organization when requested. Forms for individuals no longer employed by the Participant should be kept on file for seven years following date of termination. System Administrators may, at any time, monitor compliance.

NWSSC CMIS/HMIS System Administrator

Wendy Smith
Portland Housing Bureau
421 SW 6th Ave, Suite 500
Portland, OR 97204
503-823-2386
wendy.smith@portlandoregon.gov

Internal Use Only:

Login _____

Login Provider _____

Access Level _____

ART License _____