



End User Agreement

End User Name _____ Agency _____

USER POLICY, RESPONSIBILITY STATEMENT AND CODE OF ETHICS *ServicePoint Client Information Management System*

USER POLICY

Participating agencies shall share information for provision of services to homeless persons through a networked infrastructure that establishes electronic communication among the participating agencies.

Participating agencies shall at all times have rights to the data pertaining to their clients that was created or entered by them in the ServicePoint system. Participating agencies shall be bound by all restrictions imposed by pertaining to the use of personal data that they do not formally release.

It is a client’s decision about which information, if any, entered into the ServicePoint system shall be shared and with which participating agencies. The ServicePoint Client Consent/Release of Information shall be signed if the client agrees to share information with participating agencies.

Minimum data entry on each consenting client will be:

- Collecting the Minimum Data Requirements
- Completing the ClientPoint section
- Completing applicable Entry/Exits for each Client
- Applying applicable Services to each Clients

Data necessary for the development of aggregate reports of homeless services, including services needed, services provided, program entry/exits, referrals and client goals and outcomes should be entered to the greatest extent possible.

The ServicePoint system is a tool to assist agencies in focusing services and locating alternative resources to help homeless persons. Therefore, agency staff should use the client information in the ServicePoint system to target services to the client’s needs.

USER RESPONSIBILITY

Your user ID and password give you access to the ServicePoint system. 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 suspension and/or revocation of ServicePoint access privileges.

_____ My user ID and password are for my use only and must not be shared with anyone.

_____ I must take reasonable means to keep my password physically secure.

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

- _____ I may only view, obtain, disclose or use the database information that is necessary to perform my job.
- _____ If I am logged into ServicePoint and must leave the work area where the computer is located, ***I must log-off*** of ServicePoint or password protect my desktop before leaving the work area.
- _____ A computer that has ServicePoint “open and running” shall never be left unattended.
- _____ Failure to log-off ServicePoint or password protect my desktop appropriately may result in breach of client confidentiality and system security.
- _____ Hard copies of ServicePoint information must be kept in a secure file.
- _____ Hard copies of ServicePoint information that are no longer needed must be properly destroyed to maintain confidentiality.
- _____ If I notice or suspect a security breach, I must immediately notify the Agency Administrator for ServicePoint or the HMIS System Administrator.

USER CODE OF ETHICS

- A. ServicePoint users must treat participating agencies with respect, fairness and good faith.
- B. Each ServicePoint user should maintain high standards of professional conduct in the capacity as a ServicePoint user.
- C. The ServicePoint user has primary responsibility for his/her client(s).
- D. ServicePoint users have the responsibility to relate to the clients of other participating agencies with full professional consideration.

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

_____ ServicePoint User

_____ Date

_____ Agency/System Administrator

_____ Date

NOTE: The Agency Administrator must sign all user policy forms for the agency’s ServicePoint users. The System Administrator will sign the user policy forms for Agency Administrators.