



**Appendix B: Contributing Data Warehouse End User Agreement**

This form authorizes NYC HMIS data warehouse access. One form should be completed and submitted to DSS annually for each person requesting access. It should be signed by that person, the agency’s executive director, and the NYC HMIS System Administrator.

Contributing HMIS Organization (CHO) Name: \_\_\_\_\_

Name of Person requesting access: \_\_\_\_\_

Title of Person requesting access: \_\_\_\_\_ Email: \_\_\_\_\_

Requesting access to all or selected projects?  
 All  Selected (list): \_\_\_\_\_  
\_\_\_\_\_

The NYC CCoC recognizes the primacy of client needs in the design and management of the NYC HMIS. These needs include both the need to continually improve and maintain the quality of homeless and housing services with the goal of eliminating homelessness in NYC, as well as the need to maintain client confidentiality and treat the personal data of clients with respect and care.

As the guardians entrusted with this personal data, NYC HMIS Data Warehouse users have a moral and a legal obligation to ensure that the data they upload to the NYC HMIS is being collected, accessed and used appropriately. Proper user training, adherence to the NYC HMIS Policies and Procedures, and a clear understanding of the privacy, security and confidentiality policies are vital to achieving these goals.

Your User ID and Password give you access to the NYC HMIS Data Warehouse. **Sign below to indicate your understanding and acceptance of the proper use of your User ID and password and your intention to comply with all elements of the Homeless Management Information System Data and Technical Standards Notice – published in the Federal Register on July 30, 2004 by the U. S. Department of Housing and Urban Development.** Unauthorized use or disclosure of HMIS information is a serious matter and any Data Warehouse User found to be in breach of the Data Warehouse User Agreement will be subject to the following penalties or sanctions including: the loss or limitation of use of the HMIS and other office technology resources, adverse employment actions including dismissal; and, civil and/or criminal prosecution and penalties.

**By signing this form you indicate that you understand and agree to comply with all the statements listed below.**

- My NYC HMIS Data Warehouse User ID and Password are for my use only and must not be shared with anyone.
- I will take all reasonable means to keep my User ID and Password physically secure.
- If I am logged into NYC HMIS Data Warehouse and must leave the work area where the computer is located, I **must log-off** of NYC HMIS Data Warehouse before leaving the work area.
- Any computer that has NYC HMIS Data Warehouse “open and running” shall never be left unattended.
- Any computer that is used to access NYC HMIS Data Warehouse must be equipped with locking timeout function.

- Any computer that is used to access NYC HMIS Data Warehouse must have virus protection software installed with auto-update functions.
- Any computer that is used to access NYC HMIS Data Warehouse must have software or hardware firewall protection.
- Failure to log off NYC HMIS Data Warehouse appropriately may result in a breach in client confidentiality and system security.
- If I notice or suspect a security breach, I must notify the HMIS Lead System Administrator – NYC Department of Social Services – within 3 business days.

I affirm the following:

- 1) I will attend any mandatory NYC HMIS trainings offered on privacy, data collection, and security policies.
- 2) I have read and will abide by all policies and procedures in the NYC HMIS Policies and Procedures and have adequate training and knowledge to upload to and export data from and/or run reports from the NYC HMIS Data Warehouse.
- 3) I will maintain the confidentiality of client data in the NYC HMIS Data Warehouse as outlined above and in the NYC HMIS Policies and Procedures Manual.
- 4) I will only search, view, or upload data to the NYC HMIS Data Warehouse that is relevant to the delivery of services to people in housing crisis in New York City.

To be completed by the contributing organization:

\_\_\_\_\_

Person requesting NYC HMIS Data Warehouse access

\_\_\_\_\_

Date

\_\_\_\_\_

CHO HMIS System Administrator or Executing Officer (CHO's Executive Director)

\_\_\_\_\_

Date

To be completed by DSS:

\_\_\_\_\_

NYC HMIS Data Warehouse System Administrator or Designee

\_\_\_\_\_

Date