



Greater Kansas City Coalition to End Homelessness

3200 Wayne Avenue, Suite 202  
Kansas City, MO 64109

Phone: (816) 924-7997  
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[www.gkcceh.org](http://www.gkcceh.org)

## System Confidentiality and Use Agreement

A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Participating agencies and their system users must comply with the HMIS Policies and Procedures. Greater Kansas City Coalition to End Homeless is the HMIS Lead Agency and serves as system administrator for Jackson county.

### A. Confidentiality and User Responsibility

I understand that I will have access to confidential information and/or records in order to perform my specific job duties. I further understand and agree that I am not to disclose confidential information and/or records without the prior consent of the appropriate authority(s). I understand that my User ID and Password to HMIS are issued for my use alone. I further understand that I am solely responsible for all information obtained, through system access, using my unique identification. At no time will I allow any other person to use of my account to access to HMIS. I understand that accessing or releasing confidential information and/or records, or causing confidential information and/or records to be accessed or released, on myself, other individuals, clients, relatives, etc., outside the scope of my assigned job duties would constitute a violation of this agreement.

I will enter accurate, complete, and timely data in accordance with the CoC Policies and Procedures. I understand that the only authorized users can view information in the system and the clients to whom the information pertains. I will only access and use information that is necessary to perform my job. If I am logged into the system and must leave my computer, I will first log out. Any hard copies of electronic records will be kept in a secure file. When hard copies are no longer needed, I will ensure they are properly destroyed.

If I notice or suspect a security breach or abuse of client confidentiality, I will immediately notify my HMIS Site Administrator or the HMIS System Administrator. I further agree that it is my responsibility to assure the confidentiality of all information, which has been issued to me in confidence, even after my access to HMIS has ended. Pursuant to this agreement I certify that I have read and understand the laws concerning confidential information and/or records.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date



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