

**HMIS/SERVICEPOINT USER POLICY, RESPONSIBILITIES STATEMENT, CODE  
OF ETHICS AND REQUEST FOR TRAINING**

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User: \_\_\_\_\_  
(Print Full Name of User)

User Work Phone Number: \_\_\_\_\_

User Work Email: \_\_\_\_\_

Agency: \_\_\_\_\_  
(Print Name of Agency)

**PRIVACY AND DATA ACCESS**

Consistent with client permissions and restrictions, agencies using ServicePoint in the Maine Homeless Management Information System (Maine HMIS) shall at all times have rights to the data pertaining to their clients entered by them. Maine State Housing Authority (MaineHousing), Maine HMIS, the agency, and any partner agencies with access to data, through a Release of Information (ROI), shall be bound by all restrictions imposed by the client pertaining to any use of that client's personal information.

Maine HMIS and ServicePoint are tools to assist the agencies in focusing services, locating alternative resources to help homeless persons, and to meet State and Federal reporting requirements. Designated MaineHousing HMIS staff will provide training, assistance, and support for using ServicePoint and assist in resolving data and database issues.

**USER POLICY**

ServicePoint users will comply with the policies and procedures of their agency and the Maine HMIS policies and procedures relating to ServicePoint and Maine HMIS data. Minimum data entry on each consenting client will be the data in the HUD Universal Data Elements (UDEs), plus any additional data required by the funding program, the agency or other commitments.

**USER RESPONSIBILITY**

Your user ID and password provide you access to your agency's data in the ServicePoint system. Initial each item below to indicate your understanding and acceptance of the proper use of this access. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the ServicePoint system.

\_\_\_\_\_ My user ID and password are for my use only and will not be shared with anyone.

\_\_\_\_\_ I will take all reasonable precautions to keep my password physically secure.

\_\_\_\_\_ I will never let anyone else know my password, use my password or access ServicePoint using my password.

\_\_\_\_\_ I will only let authorized individuals view information in the ServicePoint system (or the Client to whom the information pertains).

\_\_\_\_\_ I will only view, obtain, disclose, or use the database information that is necessary to perform my job.

\_\_\_\_\_ I will not leave a computer, where I am logged into ServicePoint, unattended.

\_\_\_\_\_ I will log out of ServicePoint before leaving the work area, even if the absence is for a short time.

\_\_\_\_\_ I understand that failure to log off ServicePoint appropriately may result in a breach of Client confidentiality.

\_\_\_\_\_ I will ensure that any and all printouts/hard copies of ServicePoint information are kept in a secure file.

\_\_\_\_\_ I will ensure that any printouts/hard copies of ServicePoint information that is no longer needed will be shredded or otherwise properly destroyed to maintain confidentiality.

\_\_\_\_\_ If I notice or suspect a security breach, I will immediately notify the MaineHousing HMIS staff.

<b>To be Completed by Agency Administrator</b>
Type of Program(s) this user will perform data entry and reporting for: _____ _____ _____
“Enter Data As” (EDA) Access: _____ _____ _____

**USER CODE OF ETHICS**

- A. ServicePoint users will treat Partner Agencies with respect, fairness and good faith.
- B. ServicePoint users will maintain high standards of professional conduct in their capacity as a ServicePoint user.
- C. ServicePoint users will make every attempt to ensure that Client data is handled securely, responsibly, and in accord with the Client’s wishes.
- D. ServicePoint users have the responsibility to relate to the Clients of other Partner Agencies with full professional consideration.

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

\_\_\_\_\_  
End User Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Administrator/Supervisor Signature

\_\_\_\_\_  
Date

**This HMIS User has been authorized to work from a home office or other remote location. (Please attach the Agency Work-at-Home/Telecommuting Policy)**

\_\_\_\_\_  
(Agency Admin Initials)

An up-to-date copy of all signed HMIS User Agreement forms must be on file with the Maine HMIS System Administrator at MaineHousing. Fax your completed form to 207-624-5768 or via email to [HMISHelp@MaineHousing.org](mailto:HMISHelp@MaineHousing.org)

Completed by MaineHousing HMIS staff:

\_\_\_\_\_  
HMIS Staff Signature

\_\_\_\_\_  
Date