EXHIBIT C

User Policy, Responsibility Statement & Code of Ethics

For:		From:
User (I	Print Name)	(Print Agency Name)
USER POLIC	Υ	
_	cies who use Minnesota's HMIS at tions regarding the Client informations	nd each user within any Partner Agency is bound by tion.
information is Part 2 (federa Community Al Client Informa Client informa entities, autho Agency's Noti	to be shared and with any Partner lly-defined treatment facility), it is lliances (ICA) may use information d Consent and Release of Information is designated for sharing with drized for research use. User shall	if any, is entered into Minnesota's HMIS and whether that a Agencies. If your agency is covered by HIPAA or 42 CFR also Client's decision about whether the Institute for a for research purposes. The appropriate Minnesota's HMIS ation Authorization shall be signed by Client before any any Partner Agencies, or, in the case of HIPAA covered insure that prior to obtaining Client's signature, the ally reviewed with Client in a manner to insure that Client translator if necessary).
USER RESP	ONSIBILITY	
below to indic	ate User's understanding and according and according the confidentiality standards so	the Minnesota HMIS system. User must initial each item eptance of the proper use of User's ID and password. et forth below is grounds for immediate termination from
	My password is for my use only reasonable means to keep my p	and must not be shared with anyone. I must take all password physically secure.
	-	duals who can view information in Minnesota's HMIS are information for legitimate business purposes of this the information pertains.
	I may only view, obtain, disclose perform my job.	e, or use the database information that is necessary to
	If I am logged into Minnesota's located, I must log-off before le	HMIS and must leave the work area where the computer is eaving the work area.
		lentifiable (client-level) information printed from in a secure file, and destroyed when no longer needed.
	If I notice or suspect a security I	oreach, I must immediately notify the executive director of

Alliances (ICA).

the Agency and the System Administrator for Minnesota's HMIS (Instit

ommunity

USER CODE OF ETHICS

- Users must be prepared to answer client questions regarding Minnesota's HMIS.
- b. Users must faithfully respect client preferences with regard to the entry and sharing of client information within Minnesota's HMIS. Users must accurately record Client's preferences by making the proper designations as to sharing of Client information and/or any restrictions on the sharing of Client information.
- Users must allow client to change his or her information sharing preferences at the client's request.
- d. Users must not decline services to a client or potential client if that person (i) refuses to allow entry of information into Minnesota's HMIS (except if that policy is over-ridden by agency policy); or (ii.) refuses to share his or her personal information with other service providers via Minnesota's HMIS.
- e. The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.
- f. Users will not solicit from or enter information about clients into Minnesota's HMIS unless the information is required for a legitimate business purpose such as to provide services to the client.
- g. Users will not alter or override information entered by another Agency.
- Users will not include profanity or offensive language in Minnesota's HMIS; nor will Users use Minnesota's HMIS database for any violation of any law, to defraud any entity or conduct any illegal activity.
- Upon client request users must allow a client to inspect and obtain a copy of the client's own
 information maintained within Minnesota's HMIS. Information compiled in reasonable anticipation of
 or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.
- j. Users must permit Clients to file a written complaint regarding the use or treatment of their information within Minnesota's HMIS. Client may file a written complaint with either the Agency or the Institute for Community Alliances (ICA). If not satisfied, clients may file a complaint with the HMIS advisory body via the Minnesota Coalition for the Homeless. Clients may not be retaliated against for filing complaints.

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

User Signature:		_ Date:	_
Preferred ServicePoint Lo	gin (username):		
Work Phone:	E-mail Address:		_
Witness Signature (ICA State Sys	Date:		