

Clarity HMIS New User Request Form



Please email this completed form to **hmistech@unitedwayplains.org**. An HMIS staff member will contact the user directly to schedule training and provide login credentials. All new users will review and electronically sign the HMIS User Policy, Responsibility Statement, and Code of Ethics at the time of first login

User Information:

First and Last Name: _____

Agency: _____

Job Title: _____

Email: _____

Phone: _____

Purpose for Access / Intended Use of HMIS:

Please briefly describe how the user will utilize HMIS in their role (e.g., entering and updating client records, managing service transactions, running reports, etc.), and why access is necessary for job responsibilities.

User's Signature

Date

User's Direct Supervisor's Signature

Date

Supervisors agree to notify HMIS staff if the user leaves the agency or no longer requires access.

☐ I acknowledge responsibility for notifying HMIS staff if this user should be deactivated.

**The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity and admissibility.*