

**PRINT**

NAME \_\_\_\_\_ AGENCY \_\_\_\_\_ Job Title \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**USER POLICY, RESPONSIBILITY STATEMENT,  
& CODE OF ETHICS**

*Wichita/Sedgwick County Continuum of Care – Community Information Management System(CIMS)*

**USER POLICY**

Partner Agencies shall share information for provision of services to homeless persons through a networked infrastructure that establishes electronic communication among the Partner Agencies.

Partner Agencies shall at all times have rights to the data pertaining to their clients that was created or entered by them in the CIMS. Partner Agencies shall be bound by all restrictions imposed by clients pertaining to the use of personal data that the client does not formally and specifically release.

It is a Client's decision about which information, if any, entered into the CIMS shall be shared and with which Partner Agencies. The CIMS Client Consent/Release of Information Form shall be signed if the Client agrees to share information with Partner Agencies.

Minimum data entry on each consenting Client will be:

- Universal Data Elements
- Program-level Data Elements

Data necessary for the development of aggregate reports of homeless services, including services needed, services provided, referrals and Client goals and outcomes should be entered to the greatest extent possible.

The CIMS is a tool to assist agencies in focusing services and locating alternative resources to help homeless persons. Therefore, agency staff should use the Client information in the CIMS to target services to the Client's needs.

**USER RESPONSIBILITY**

Your User ID and Password give you access to the CIMS. Initial each item below to indicate your understanding and acceptance of the proper use of your User ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the CIMS.

\_\_\_\_\_ My User ID and Password are for my use only and must not be shared with anyone.

\_\_\_\_\_ I must take reasonable means to keep my Password physically secure.

\_\_\_\_\_ I understand that the only individuals who can view information in the CIMS are authorized users and the Clients to whom the information pertains.

\_\_\_\_\_ I may only view, obtain, disclose, or use the CIMS in a manner that is necessary to perform my job.

- \_\_\_\_\_ If I am logged into CIMS and must leave the work area where the computer is located, resulting in the computer being unattended by an approved CIMS user, I **must log-off** of CIMS before leaving the work area.
- \_\_\_\_\_ A computer that has CIMS “open and running” shall never be left unattended.
- \_\_\_\_\_ Failure to log off CIMS appropriately may result in a breach in client confidentiality and system security.
- \_\_\_\_\_ Hard copies of CIMS information must be kept in a secure file.
- \_\_\_\_\_ When hard copies of CIMS information are no longer needed, they must be properly destroyed to maintain confidentiality.
- \_\_\_\_\_ If I notice or suspect a security breach, I must immediately notify the Agency Administrator(s) for CIMS at United Way of the Plains.

**USER CODE OF ETHICS**

- A. Users must treat Partner Agencies with respect, fairness and good faith.
- B. Each User should maintain high standards of professional conduct in the capacity as a CIMS User.
- C. The User has primary responsibility for his/her Client(s).
- D. Users have the responsibility to relate to the Clients of other Partner Agencies with full professional consideration.
- E. Users must be prepared to answer Client questions regarding CIMS.
- F. Users must faithfully respect Client preferences with regard to the entry and sharing of Client information within CIMS. 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.
- G. Users must allow Client to change his or her information sharing preferences at the Client's request.
- H. Users must not decline services to a Client or potential Client if that person refuses to allow entry of information into CIMS or to share their personal information with other agencies via CIMS.

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

\_\_\_\_\_ CIMS User Signature Date

\_\_\_\_\_ Agency Administrator/Authorized Official Signature Date

\_\_\_\_\_ UWP CIMS Administrator/Coordinator Signature Date

NOTE: The Agency Administrator must sign all User Policy forms for the agency’s CIMS users.