MO-503 Continuum of Care
Community Information Sharing System (CISS/HMIS)
User Policy and Responsibility Statement

Agency Name (please print): __________________________________________________________

User Name (please print): __________________________________________________________

Partner agencies share information on provision of services to persons who are homeless or at risk of becoming homeless in an effort to better understand client needs and provide optimal service through communication and coordination.

Indicate the program(s) that you will be entering data for (check all that apply):

- [ ] Emergency Shelter
- [ ] Transitional Housing
- [ ] Permanent Supportive Housing
- [ ] Supportive Services Only
- [ ] Emergency Solutions Grant
  - [ ] Rapid Re-housing
  - [ ] Homeless Prevention
  - [ ] Emergency Shelter
  - [ ] Street Outreach
- [ ] Missouri Housing Trust Fund (MHTF)
  - [ ] Emergency Assistance
  - [ ] Rental Assistance
- [ ] MHDC Housing First (Missouri Housing Development Commission)
- [ ] Supportive Services for Veterans Families (SSVF)
- [ ] Local Funds
  - [ ] Community Assistance Board
  - [ ] O’Fallon CDBG
  - [ ] St. Charles County CDBG
  - [ ] St. Charles City CDBG
- [ ] FEMA
- [ ] Other ________________________________________________________________

User Responsibilities:
Your unique username and password give you access to the CISS software. As a CISS User, you agree to maintain the confidentiality of Client information and abide by the following:

- My personal username and password will be kept secure and will not be shared with anyone.
- I will only view, obtain, disclose, or use the database information that is necessary to perform my job.
- I understand that the only individuals who may view or hear CISS Client information are authorized users, and I will take these steps to prevent casual observers from seeing or hearing CISS Client information:
  - I will log off of the CISS before leaving my work area, or make sure that the CISS database has “timed out” before leaving my work area.
My computer workstation will never be left unattended when the CISS database is open.
I will keep my computer monitor positioned so that persons not authorized to use CISS cannot view it.
I will store hard copies of CISS information in a secure file and not leave such hard copy information in public view on my desk, or on a photocopier, printer or fax machine.
I will properly destroy hard copies of CISS information when they are no longer needed.
- Confidential Client information will not be discussed with staff, clients, or client family where it might be overheard by unauthorized persons.
- I understand that a failure to follow security steps appropriately may result in a breach of Client confidentiality and system security. If such a breach occurs, my access to the CISS will be terminated and I may be subject to further disciplinary action as defined in the partner agency’s personnel policy.
- If I notice or suspect a security breach, I will immediately notify the Director of my Agency.

The Client shall be provided with a copy of the CISS Summary of Privacy Notice and made aware of the availability of the Full Privacy Notice upon request. Client agrees that information about their situation can be entered into the CISS database system.

Minimum data entry on each consenting client includes:
- General information identifying the Client by name, indicating family status and latest residential history;
- Client's current housing situation and the cause of their housing crisis;
- Shelter and Transitional housing utilization information, when appropriate;
- HUD Universal Data Elements and Program-Specific Data Elements.

I affirm the following:
1. I will treat partner agencies with respect, fairness and good faith.
2. I will read and abide by all policies and procedures for the CISS.
3. I will maintain the confidentiality of client data in the CISS as outlined above and in the CISS Policies and Procedures.
4. I will only collect, enter, view and extract data in the CISS relevant to the delivery of services to people requesting assistance in our community.
5. Clients have the right to receive assistance even if they do not choose to provide their information to the CISS.

My signature below indicates my agreement to comply with this statement of confidentiality and user responsibility.

__________________________  __________________________        __________________
CISS User Name (print)       CISS User Signature                  Date

__________________________________________  __________________________
CISS User Email Address       CISS User Phone

__________________________  __________________________        __________________
Compliance Monitor (print)    Compliance Monitor Signature        Date

Revised 9-10-2015