

USER POLICY, RESPONSIBILITY STATEMENT, & CODE OF ETHICS

For WCICCC's Homeless Management Information System

USER POLICY

Partner Agencies shall share information for the purposes of coordinating services to individuals enrolled in ServicePoint. Aggregate non-identifying data may also be used for reporting unduplicated counts to state, federal and other funding sources. WCICCC seeks to establish a uniform, consistent, and accurate source of data for all member participants and stakeholders

It is a Client's decision about which information, if any, entered into the ServicePoint system shall be shared and with which Partner Agencies.

Minimum data entry on each consenting Client will be:

- Entry into ClientPoint;
- HUD Universal Data Elements (UDE):
 - Service-based Programs: available on Client Profile and Assessments tab as **HUD UDEs (2014)** assessment;
 - Housing/Shelter Programs: UDE assessment questions are incorporated in the HUD CoC and ESG Entry, Exit, and Update assessments which are tied to the Entry/Exit tab; and
- Service & Shelter Transactions.

To the greatest extent possible, 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 into the system.

The ServicePoint system 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 ServicePoint system to target services to the Clients' needs.

USER RESPONSIBILITY

Your User ID and Password give you access to the WCICCC ServicePoint system. 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 ServicePoint system. *Please initial each line.*

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

___ I must take all reasonable means to keep my Password physically secure.

___ I understand that the only individuals who can view information in the ServicePoint system are authorized users and the Clients to whom the information pertains.

___ I may only view, obtain, disclose, or use the database information that is necessary to perform my job.

- ___ If I am logged into ServicePoint and must leave the work area where the computer is located, I must log off of ServicePoint before leaving the work area.
- ___ A computer that has ServicePoint open and running shall never be left unattended.
- ___ Failure to log off ServicePoint appropriately may result in a breach in client confidentiality and system security.
- ___ Hard copies of ServicePoint 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 HMIS System Administrator for - ServicePoint, the YWCA of Quincy 217-221-9922 or the HMIS Coordinator, Lori Sutton, Illinois Institute for Rural Affairs/WIU 309-298-2968.

STRONG PASSWORD PROTOCOLS

Minimum length of eight characters which:

- Are not based on anything somebody else could easily guess or obtain using person-related information (e.g. names, telephone numbers, dates of birth, etc.).
- Are free of consecutive identical characters or all-numeric or all-alphabetical groups
- Are free of word or number patterns
- Are not names or words in any dictionary including English, foreign languages, and technical dictionaries (legal, medical, etc.)
- Contains at least one uppercase letter, one lowercase letter, and 2 numbers

USER CODE OF ETHICS

- A. ServicePoint Users must treat Partner Agencies with respect, fairness and good faith.
- B. Each ServicePoint User should maintain high standards of professional conduct in the capacity as a ServicePoint User.
- C. The ServicePoint User has primary responsibility for his/her Client(s).
- 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.

ServicePoint User Signature Date

Service Point System Administrator Date

Note: Forms should be signed by the User and Agency Administrator and then mailed to HMIS System Administrator, YWCA of Quincy, 639 York Street, Suite 202 Quincy, IL 62301. Questions should be directed to Lori Sutton, WCICCC’s HMIS Coordinator, 1.800.526.9943 or 309.298.2968, la-sutton@wiu.edu