

**Special Populations Housing Search: User Agreement**

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| --- | --- |
| **Housing Locator Name:** | Click here to enter text. |
| **Agency Name:** | Click here to enter text. |
| **Name (Print):** | Click here to enter text. |

In this System Users Agreement, “AGENCY” refers to the agency named above. AGENCY recognizes the privacy of client needs in the design and management of the Special Populations Housing Search. These needs include both the need to find safe, decent and affordable housing for special needs clients, and the need to vigilantly maintain client confidentiality, treating the personal data of our most vulnerable populations with respect and care.

As the guardians entrusted with this personal data, Special Populations Housing Search users have a moral and a legal obligation to ensure that the data they collect is being collected, stored, accessed, and used appropriately. It is also the responsibility of each user to ensure that client data is only used to the ends to which it was collected, ends that have been made explicit to clients and are consistent with the mission to assist families and individuals in our community with finding housing. Proper user training and a clear understanding of client confidentiality are vital to achieving these goals.

Relevant points regarding client confidentiality include:

* Special Populations Housing Search Users will maintain data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals, or entities.
* Any Special Populations Housing Search User found to be in violation of the points of client confidentiality in this User Agreement may be denied access to Special Populations Housing Search.

I affirm the following:

1. I will receive official training on the Special Populations Housing Search.
2. I will maintain the confidentiality of client data in the Special Populations Housing Search as outlined above.
3. I will only collect, enter, and extract data in the Special Populations Housing Search relevant to the delivery of services to people seeking housing options in our community.
4. I will adhere to the practices and responsibilities listed on the Attachment.

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|  |  | Click here to enter text. |
| **Signature** |  | **Date** |

**Special Populations Housing Search: User Responsibilities and Practices**

Your username and password give you access to the Special Populations Housing Search. Failure to uphold the confidentiality standards set forth below is grounds for termination from the Special Populations Housing Search database access. Initial each item below to indicate your understanding and acceptance of the proper use of your username and password, and your agreement to maintain the confidentiality of client information in the Special Populations Housing Search as follows:

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| --- | --- | --- |
|  | My username and password are for my use only and will not be shared with anyone. | |
|  | I will take reasonable means to keep my password physically secure. | |
|  | I will only view, obtain, disclose, or use database information that is necessary to perform my job. | |
|  | I understand that the only individuals who may view or hear Special Populations Housing Search client information are authorized users, and I will take these steps to prevent casual observers from seeing or hearing client information: | |
|  |  | I will log off of the Special Populations Housing Search before leaving my work area or make sure that the system database has “timed out” before leaving my work area. |
|  |  | I will not leave any computer that has the Special Populations Housing Search open and unattended. |
|  |  | I will keep my computer monitor positioned so that persons not authorized to use the Special Populations Housing Search cannot view it. |
|  |  | I will store hard copies of the Special Populations Housing Search information in a secure file and not leave hard copy information in public view on my desk or on a photocopier, printer, or fax machine. |
|  |  | I will not distribute hard copies of the Special Populations Housing Search information to anyone other than registered database users. |
|  |  | I will properly destroy hard copies of the Special Populations Housing Search information when they are no longer needed. |
|  |  | I will not discuss confidential client information with anyone in a public area. |
|  |  | I will not discuss confidential client information on the telephone in any areas where the public might overhear my conversation. |
|  |  | I will not leave messages on my agency’s answering machine or voicemail system that contain confidential client information. |
|  |  | I will not discuss confidential client information with landlords, other providers, family members, or anyone else without a specific signed and dated Release of Information approved by the client. |
|  |  | I will not fax, email, text, or utilize any other communications channels to share or discuss confidential client information without establishing reasonable and appropriate administrative, technical, and physical safeguards to protect the information being transmitted. |
|  |  | Should my employment with my agency be terminated, by myself or the agency, I will notify Emphasys to discontinue my account and password. |
|  |  | I understand that a failure to follow these security steps appropriately may result in a breach of client confidentiality and system security. If such a breach occurs, my access to the Special Populations Housing Search will be terminated. |
|  |  | If I notice or suspect a security breach, I will immediately notify Emphasys. |

**Special Populations Housing Search: User Code of Ethics**

1. Each Special Populations Housing Search User will maintain high standards of professional conduct in his or her capacity.
2. Special Populations Housing Search Users will use the system in good faith to benefit Clients.
3. Special Populations Housing Search Users have the responsibility to relate to Clients with full professional consideration.

**Please fill out the following information to help us better understand how you serve clients’ needs.**

1. Which geographic areas do you cover? Click here to enter text.
2. Which populations do you mainly work with?

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| --- | --- | --- | --- | --- | --- | --- | --- |
| ☐ | Homeless |  | ☐ | Mental Health Consumers |  | ☐ | Veterans |
| ☐ | Frail and Elderly |  | ☐ | Drug and/or Alcohol Recovery |  |  |  |
| ☐ | Ex-Offenders |  | ☐ | Blind or Visually Impaired |  | ☐ | Refugees |
| ☐ | Physically Disabled |  | ☐ | Developmentally Disabled |  | ☐ | Transitional Age Youth |
| ☐ | Previous Evictions |  | ☐ | Sponsored Tenants |  | ☐ | Foreclosure Victims |
| ☐ | HIV/ AIDS |  | ☐ | Natural Disaster Victims |  | ☐ | Students |
| ☐ | Hearing Impaired |  | ☐ | Shelter Plus Care/CoC |  | ☐ | Other: Click here to enter text. |
|  |  |  |  |  |  |  |  |

1. How often do you locate housing for clients? Click here to enter text.
2. Do you contact the property provider on behalf of your client or do you provide them with listings?

Click here to enter text.

1. Do you have a list of property providers you work with regularly?

Click here to enter text.

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

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| Click here to enter text. |  | Click here to enter text. |
| **Agency Name** |  | **Agency Address** |
| Click here to enter text. |  |  |
| **Supervisor Name (please print)** |  | **Supervisor Signature/Date** |
| Click here to enter text. |  |  |
| **Agency Staff Name (please print)** |  | **Agency Staff Signature/Date** |
| Click here to enter text. |  | Click here to enter text. |
| **Agency Staff Email (please print)** |  | **Agency Staff Phone Contact** |