

Municipality Of Anchorage

Alaska Homeless Management Information System
(AKHMIS)
Licensed User Policy, Responsibility Statement & Code of Ethics

For: _____ from: _____
User (print name) (print Agency Name)

USER POLICY

A. Partner Agencies who use AKHMIS and each user within any Partner Agency is bound by various restrictions regarding the Client information.

B. A Client decides which information, if any, is entered into AKHMIS. If Agency is covered by HIPAA or 42 CFR Part 2 (federally-defined treatment facility), it is also Client's decision about whether AKHMIS may use information for research purposes.

C. The AKHMIS Release of Information Client Consent Form shall be signed by Client before any Client information is designated for sharing with any Partner Agencies, or, in the case of HIPAA covered entities, authorized for research use. Except, Alaska 2-1-1, a call center sponsored by United Way of Anchorage, may obtain voluntary oral consent from the client to collect and enter some basic AKHMIS data elements (such as name; last four numbers of social security number; date of birth; ethnicity; race; gender; contact information; and number of adults and children in the household) in order to provide effective information and referral for the client and may forward data to Partner Agency(ies) for services with this consent.

D. User shall insure that prior to obtaining Client's signature, the Agency's Privacy Notice was fully reviewed with Client in a manner to insure that Client fully understood the information (e.g. securing a translator if necessary).

USER RESPONSIBILITY STATEMENT

A User ID and Password give a user access to the AKHMIS system. **User must initial each item below** to indicate User's understanding and acceptance of the proper use of User's ID and password. Failure to uphold these confidentiality standards results in revocation of access to the AKHMIS.

	My User ID and Password are for my use only.
	My User ID and Password will not be shared with anyone (except the AKHMIS Administrator and Agency's Executive Director).
	I will keep my password physically secure.
	I understand that the only individuals who can view information in AKHMIS are authorized users who need the information for legitimate business purposes of this Agency and the Clients to whom the information pertains.
	I will only view, obtain, disclose, or use the database information that is necessary to perform my job.
	If I must leave my work area, I will log-off AKHMIS before leaving.
	A computer that has AKHMIS open and running will not be left unattended.

	Hard copies of personally identifiable (client-level) information printed from AKHMIS must be kept in a secure file, and destroyed when no longer needed.
	If I notice or suspect a security breach, I must immediately notify the agency executive director and the System Administrator for AKHMIS (AKHMIS at 907-343-6593).

USER CODE OF ETHICS

- A. Users must be prepared to answer client questions regarding AKHMIS.
- B. Users must faithfully respect client preferences with regard to the entry and sharing of client information within AKHMIS. 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.
- C. Users must allow client to change his or her information sharing preferences at the client's request.
- D. Users must not decline services to a client or potential client if that person refuses to share their personal information with other service providers via AKHMIS.
- E. User has primary responsibility for entering truthful, accurate and complete information.
- F. Users will not solicit from or enter information about Client into AKHMIS unless information is for a legitimate business purpose, such as to provide services to the Client.
- G. Users will not alter or override information entered by a Partner Agency.
- H. Users will not include profanity or offensive language in AKHMIS; no will Users use AKHMIS database for violation of any law, to defraud any entity or conduct illegal activity.
- I. Upon Client request Users must allow Client to inspect and obtain a copy of the Client's own information maintained within AKHMIS. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.
- J. Users must permit Clients to file a written complaint regarding the use or treatment of their information within AKHMIS. Client may file a written complaint with the Agency or Municipality of Anchorage, AKHMIS (c/o MOA, Department of Health and Human Services, P.O. Box 196650, Anchorage, Alaska 9951-6650). Clients may *not* be retaliated against for filing complaints.

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

User signature

Date

AKHMIS User Name: _____

Work phone: _____ E-mail address: _____

Witness signature (Agency staff or AKHMIS staff)

Date

