

**USER POLICY, RESPONSIBILITY, & CODE OF ETHICS**  
*For Michigan Statewide Homeless Information Management System (MSHMIS)*

**USER POLICY**

In 2001, the United States Congress directed the United States Department of Housing and Urban Development to “collect an array of data on homelessness in order to prevent duplicate counting of homeless persons, and to analyze their patterns of use of assistance, including how they enter and exit the homeless assistance system and the effectiveness of the systems<sup>1</sup>.”

The Michigan Statewide Homeless Management Information System (MSHMIS) is a collaborative statewide effort among helping agencies to document client-level needs and characteristics through a coordinated system which aggregates common information at the agency, community, and state levels.

The MSHMIS is a tool that can also assist agencies in focusing services and locating alternative resources to help homeless persons. Agency staff may use the Client information in the system to target services to the Client’s needs.

MSHMIS is an entirely web-based system -- hosted on a central statewide server -- coordinated by the Michigan Coalition Against Homelessness (MCAH) under contract with the Michigan State Housing Development Authority (MSHDA). The system is accessed via the Internet by provider sites offering shelter, housing, and supportive services to homeless individuals and families.

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

Participating Agencies shall at all times have rights to the data pertaining to their clients that they directly enter into the MSHMIS system. Participating Agencies shall be bound by all permissions and restrictions imposed by Clients pertaining to the use of personal data for which they have signed a MSHMIS Client Release of Information form.

All MSHMIS Users are required to attend ServicePoint training sessions prior to using the system.

All MSHMIS Users are required to complete a privacy training specific to protecting information contained within MSHMIS prior to using the System.

All MSHMIS Users are required to have read and understand their Agency’s Privacy Notice.

**Data-Sharing and Release of Information**

1. The Agency understands that informed client consent is required before any basic identifying client information is entered into the MSHMIS for the purposes of interagency sharing of information. Informed client consent will be documented by completion of a Client Release of Information.
2. The Client Release form authorizes basic identifying client data entered into the MSHMIS Profile screen to be shared among all MSHMIS Member Agencies and other Assessment and Service Information to be shared with select MSHMIS Member Agencies, based on inter-agency sharing agreements.
3. If a client denies authorization to share Profile or other assessment information via the MSHMIS, the staff entering the information shall lock the impacted screen(s). This assures that client information is accessible only to the agency entering data into the program, therefore, precluding the ability to share information with other agencies. If the client’s name represents an identification risk even if the record is completely closed and the name can only be seen by the entering Agency, the staff may use the “anonymous” client function.

**Minimum data entry on each Client will be defined by your Agency’s Workflow. However, all agencies are encouraged to complete the follow sections of the database:**

- The Client Profile section.
- The Additional Profile section.
- The HUD 40118 Assessment Screens for Clients (to report to HUD and to clean data in the database).
- Service Transactions / Case Plan - information on what the client’s need and how those needs were met.

**Restricted Information**

Information, including progress notes and psychotherapy notes, about the diagnosis, treatment, or referrals related to a mental health disorder, drug or alcohol disorder, HIV, or AIDS, and domestic violence concerns shall not be shared with other Participating Agencies without the client’s written, informed consent as documented on a second specific Release of Information form. Sharing of restricted information is not covered under the general MSHMIS Client Release of Information.

When recording referrals made for these types of services and to agencies that specifically provide these services, the Client’s Service Record shall not be shared with other agencies on the Michigan Statewide HMIS system without the Client’s informed consent as signified by an additional Specific Release of Information form. This information should also not be entered in any “open” notes sections in the Michigan Statewide HMIS system.

The sharing of information on children under the age of 18, who are not accompanied by a legal guardian, will be governed by existing Agency policy regarding the age at which children under the age of 18 may authorize release of information.

**USER RESPONSIBILITY**

Your User ID and Password give you access and authority to use the MSHMIS. 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 of User privileges.

**Please initial each item below to indicate your acceptance and understanding of the user responsibilities below**

\_\_\_\_\_ I have read and understand my Agency’s Privacy Notice.

\_\_\_\_\_ My User ID and Passwords must be kept secure and are not to be shared with anyone, including other staff members.

\_\_\_\_\_ I understand that the only individuals who can view information in the MSHMIS are authorized users and the Client to whom the information pertains. MSHMIS users must respect the privacy and hold in confidence all information obtained in the course of their use of the software system.

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

\_\_\_\_\_ Client information should be accessed only in order to retrieve data relevant to a client requesting services from my agency.

\_\_\_\_\_ I understand that in the event that I am terminated or leave my employment with this agency, my access to the MSHMIS will be revoked.

\_\_\_\_\_ Clients have the right to see their information on MSHMIS. If a client requests to see their information, the Participating Agency/User who receives the request must review the information with the client.

\_\_\_\_\_ I understand that failure to log off MSHMIS appropriately may result in a breach in client confidentiality and system security.

\_\_\_\_\_ If I am logged into MSHMIS and must leave the work area where the computer is located, I must log-off of the MSHMIS before leaving the work area.

\_\_\_\_\_ I understand that my access to MSHMIS is limited to my designated work site unless I am given expressed written consent of the Agency Administrator to access the system from other specified locations.

\_\_\_\_\_ A computer that has MSHMIS “open and running” shall never be left unattended.

\_\_\_\_\_ A computer that has MSHMIS “open and running” shall never be arranged so that unauthorized individuals may see the information on the screen.

\_\_\_\_\_ Hard copies and downloads of information from the MSHMIS onto a hard drive or disk must be kept secure to ensure that only appropriate agency staff has access.

\_\_\_\_\_ When hard copies and “downloads” of MSHMIS Client information are no longer needed, they must be properly destroyed as described in your agency’s privacy and confidentiality policies.

\_\_\_\_\_ If I notice or suspect a security breach, I must immediately notify my Agency Administrator for the MSHMIS and my Executive Director or the MSHMIS System Administrator.

\_\_\_\_\_ I understand that I am responsible for reporting any system malfunctions or “bugs” that I notice or suspect to the Agency Administrator and other appropriate system support staff.

\_\_\_\_\_ I understand that I must secure MSHMIS information as closed in each of the modules for which the Client has not given consent for data sharing.

\_\_\_\_\_ I must get a second specific “Release of Information” to share restricted information about the diagnosis, treatment, or referrals related to a mental health disorder, drug or alcohol disorder, HIV, AIDS, and domestic violence. In addition, ServicePoint settings must reflect the Client’s expressed wishes as documented through the Informed Consent process.

\_\_\_\_\_  
MSHMIS User Signature Date

\_\_\_\_\_  
MSHMIS Agency Administrator Signature Date

\_\_\_\_\_  
Agency Executive Director/Designated Authority Date

**USER CODE OF ETHICS**

- A. Michigan Statewide HMIS Users must treat Participating Agencies with respect, fairness and good faith.
- B. Each Michigan Statewide HMIS User shall maintain high standards of professional conduct in his/her capacity as a Michigan Statewide HMIS User.
- C. All Michigan Statewide HMIS Users shall endorse and maintain the client’s rights related to privacy and confidentiality and shall adhere to MSHMIS Policies and Procedures.
- D. The Michigan Statewide HMIS User has primary responsibility for his/her Client(s).
- E. The Michigan Statewide HMIS Users will not misrepresent its client base in the Michigan Statewide HMIS system by entering knowingly inaccurate information (i.e. User will not purposefully enter inaccurate information on a new record or to over-ride information entered by another agency.)
- F. Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in the Michigan Statewide HMIS system
- G. The User will not use the Michigan Statewide HMIS system with intent to defraud the federal, state, or local government or an individual entity; or to conduct any illegal activity.

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

\_\_\_\_\_  
MSHMIS User Signature Date

\_\_\_\_\_  
MSHMIS Agency Administrator Signature Date

\_\_\_\_\_  
Agency Executive Director/Designated Authority Date