

**MONTGOMERY COUNTY  
DEPARTMENT OF HEALTH AND HUMAN SERVICES (MCDHHS)  
CONTINUUM OF CARE  
HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS)  
USER AGREEMENT  
Revised 05/01/2014**

**HMIS STATEMENT OF CONFIDENTIALITY AND REQUEST FOR HMIS USER**

**Please complete the following:**

**Employee Name:** \_\_\_\_\_  
(Please print clearly.)

**Business Phone:** \_\_\_\_\_

**Business Physical Address:** \_\_\_\_\_  
\_\_\_\_\_  
(Please print complete address including city and zip code.)

**Business Email Address:** \_\_\_\_\_  
(Please print clearly.)

**Training:** ☐ Agency Trained (by Internal Staff)    or    ☐ DHHS Trained

**Access Level:** \_\_\_\_\_  
(Please see page 3 and print clearly.)

**Agency and Provider Name:** \_\_\_\_\_  
(Please see pages 3 to 6.)

**Important**

If you have any questions regarding the completion of this request, please contact the County's Helpdesk at 240-777-2828 or send an email to [HelpIT@MontgomeryCountyMD.gov](mailto:HelpIT@MontgomeryCountyMD.gov). After filling out this form, please attach in an email and send to [HelpIT@MontgomeryCountyMD.gov](mailto:HelpIT@MontgomeryCountyMD.gov).

**STATEMENT OF CONFIDENTIALITY**

**I AGREE TO MAINTAIN THE STRICT CONFIDENTIALITY OF INFORMATION OBTAINED THROUGH the Montgomery County Department of Health and Human Services Continuum of Care, Homeless Management Information System. This information will be used only for legitimate client services and administration of the above named agency. Any breach of confidentiality will result in immediate termination of participation in the MCDHHS HMIS.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's/Executive Director's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## REQUEST FOR ACCOUNT

Each user requires a unique username and password, which is to be kept private. Use of another user's username (account) is grounds for immediate termination from the Montgomery's County Continuum of Care Homeless Management Information System.

## USER'S RESPONSIBILITY STATEMENT

**Your username and password give you access to the Department of Health and Human Services homeless management information system. Initial each item below to indicate your understanding of the proper use of your username and password, and sign where indicated. Any failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the Montgomery County's HMIS.**

### *Initial Only*

- \_\_\_\_\_ I understand that I must abide by all protocols outline in the HMIS Policy and Procedure Manual.
- \_\_\_\_\_ I understand that I must take all reasonable means to protect personal information that is in hard copy format, including, but not limited to, reports, data entry forms, and signed consent forms.
- \_\_\_\_\_ I understand those hard copies of HMIS information must be kept in a secure file.
- \_\_\_\_\_ I understand that once the hard copies of HMIS are no longer needed, they must be properly destroyed to maintain Confidentiality.
- \_\_\_\_\_ I understand that I must take all reasonable means to protect personal information that is stored within the application, including, but not limited to, a network, desktop, laptop, and external storage drive.
- \_\_\_\_\_ I understand that I must take all reasonable means to keep my password physically secure.
- \_\_\_\_\_ I understand that my username and password are for my use only and should not be shared with any other user.
- \_\_\_\_\_ I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.
- \_\_\_\_\_ I understand that I may only view, obtain, disclose, or use the database information that is necessary in performing my job.
- \_\_\_\_\_ I understand that these rules apply to all users of the DHHS HMIS whatever their work role or position.
- \_\_\_\_\_ I understand that if I notice or suspect a security breach, I must immediately notify DHHS HMIS Administrator.

**I understand and agree to the above statements.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please fax this form back to:**

HMIS Administrator  
240-777-1575

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To be completed by the HMIS Administrator:

1. Verified user was HIPAA trained. [ ] Yes [ ] No
2. Verified user was Agency or DHHS application trained. [ ] Yes [ ] No
3. Added user's business email to the HMIS Outlook distribution list. [ ] Yes [ ] No
4. Submitted Helpdesk Ticket to create County ID. [ ] Yes [ ] No [ ] N/A-User is an employee or onsite contractor.

**User ID (Assigned by MCDHHS):** \_\_\_\_\_

**HMIS Admin Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SERVICEPOINT USER ACCESS LEVEL CHART

Note: Case Manager II will have permission to "Allow User to Back-date Releases of Information" and "Allow User to create/edit Client Infractions".

|                                   | Resource Specialist I | Resource Specialist II | Resource Specialist III | Volunteer | Agency Staff | Case Managers I & II | Agency Administrator | Executive Director | System Operators | System Administrator I | System Administrator II |
|-----------------------------------|-----------------------|------------------------|-------------------------|-----------|--------------|----------------------|----------------------|--------------------|------------------|------------------------|-------------------------|
| <b>ClientPoint</b>                |                       |                        |                         |           |              |                      |                      |                    |                  |                        |                         |
| Profile                           |                       |                        |                         | X         | X            | X                    | X                    | X                  |                  | X                      | X                       |
| Assessments                       |                       |                        |                         |           |              | X                    | X                    | X                  |                  | X                      | X                       |
| Case Notes                        |                       |                        |                         |           |              | X                    | X                    | X                  |                  | X                      | X                       |
| Case Plans                        |                       |                        |                         |           |              | X                    | X                    | X                  |                  | X                      | X                       |
| Service Records                   |                       |                        |                         | X         | X            | X                    | X                    | X                  |                  | X                      | X                       |
| <b>ServicePoint</b>               |                       |                        |                         |           |              |                      |                      |                    |                  |                        |                         |
| Referrals                         |                       |                        |                         | X         | X            | X                    | X                    | X                  |                  | X                      | X                       |
| Services Provided                 |                       |                        |                         |           | X            | X                    | X                    | X                  |                  | X                      | X                       |
| <b>ResourcePoint</b>              | X                     | X                      | X                       | X         | X            | X                    | X                    | X                  | X                | X                      | X                       |
| <b>ShelterPoint</b>               |                       |                        |                         | X         | X            | X                    | X                    | X                  |                  | X                      | X                       |
| <b>Reports</b>                    |                       |                        |                         |           |              |                      |                      |                    |                  |                        |                         |
| Audit Reports                     |                       |                        |                         |           |              |                      |                      |                    |                  |                        |                         |
| Client/Service Information        |                       |                        |                         |           |              |                      |                      |                    |                  |                        | X                       |
| User Information                  |                       |                        | X                       |           |              |                      | X                    | X                  | X                | X                      | X                       |
| Client/Service Access Information |                       |                        |                         |           |              |                      |                      |                    |                  |                        | X                       |
| Provider Reports                  |                       |                        |                         |           |              |                      |                      |                    |                  |                        |                         |
| Client Served                     |                       |                        |                         |           |              | X                    | X                    | X                  |                  | X                      | X                       |
| Daily Bed Report                  |                       |                        | X                       |           |              | X                    | X                    | X                  |                  | X                      | X                       |
| <b>HUD 40118 AFR</b>              |                       |                        |                         |           |              | X                    | X                    | X                  |                  | X                      | X                       |
| Outstanding Referrals             |                       |                        | X                       |           |              | X                    | X                    | X                  |                  | X                      | X                       |
| Service Transaction               |                       |                        |                         |           |              | X                    | X                    | X                  |                  | X                      | X                       |
| Needs Report                      |                       |                        |                         |           |              | X                    | X                    | X                  |                  | X                      | X                       |
| Report Writer                     |                       |                        |                         |           |              | X                    | X                    | X                  |                  | X                      | X                       |
| <b>Administration</b>             |                       |                        |                         |           |              |                      |                      |                    |                  |                        |                         |
| Add/Edit Users                    |                       |                        |                         |           |              |                      | X                    | X                  | X                | X                      | X                       |
| Reset Passwords                   |                       |                        |                         |           |              |                      | X                    | X                  | X                | X                      | X                       |
| Add Provider                      |                       |                        | X                       |           |              |                      |                      |                    | X                | X                      | X                       |
| Edit Provider                     |                       | #                      | X                       |           |              |                      | #                    | #                  | X                | X                      | X                       |
| Delete Provider                   |                       | %                      | X                       |           |              |                      | %                    | %                  | X                | X                      | X                       |
| Agency News                       |                       | X                      | X                       |           | X            | X                    | X                    | X                  | X                | X                      | X                       |
| System Wide News                  |                       |                        | X                       |           |              |                      |                      |                    | X                | X                      | X                       |
| Picklist Data                     |                       |                        |                         |           |              |                      |                      |                    | X                | X                      | X                       |
| Licenses                          |                       |                        |                         |           |              |                      |                      |                    | X                | X                      | X                       |
| Assessment                        |                       |                        |                         |           |              |                      |                      |                    | X                | X                      | X                       |
| Admin                             |                       |                        |                         |           |              |                      |                      |                    |                  |                        | X                       |
| Shadow Mode                       |                       |                        |                         |           |              |                      |                      |                    |                  |                        | X                       |
| System Preferences                |                       |                        |                         |           |              |                      |                      |                    |                  |                        | X                       |

X: Users have access to this section of ServicePoint.

%: Users can neither delete the provider they belong to, nor any of their parent providers.

#: Users cannot edit their parent provider, they may edit their provider or child providers only.

## SERVICEPOINT AGENCY AND PROVIDER CHART

| Agency Name                         | Provider Name  | Place an "x" next to the Agency/Provider you need access to. |
|-------------------------------------|--|--|
| Bethesda Cares Agency               | Bethesda Cares   |  |
| Catholic Charities Services, Inc.   | Bethesda House   |  |
| Catholic Charities Services, Inc.   | Chase Partnership House  |  |
| Catholic Charities Services, Inc.   | Dorothy Day Place  |  |
| City of Gaithersburg                | DeSillum House   |  |
| City of Gaithersburg                | Housing Initiative Program-Individual (City of Gaithersburg)         |  |
| City of Gaithersburg                | Wells/Robertson House  |  |
| Community Clinic, Inc. Agency       | Community Clinic, Inc.   |  |
| Community Ministries of Rockville   | Jefferson House  |  |
| Community Ministries of Rockville   | Mansfield Kaseman Health Clinic                                      |  |
| Department of Health Human Services | Arcola Transitional-Families   |  |
| Department of Health Human Services | Clinical Assessment and Triage Services (CATS)                       |  |
| Department of Health Human Services | Crisis Center  |  |
| Department of Health Human Services | Gaynor - Transitional  |  |
| Department of Health Human Services | Housing Initiative Program-Family (DHHS)                             |  |
| Department of Health Human Services | Housing Initiative Program-Individual (DHHS)                         |  |
| Department of Health Human Services | Housing Stabilization Services-Assessment Only                       |  |
| Department of Health Human Services | Housing Stabilization Services-Diversion                             |  |
| Department of Health Human Services | Housing Stabilization Services-Rapid Re-Housing-Family               |  |
| Department of Health Human Services | Housing Stabilization Services-Rapid Re-Housing-Individual           |  |
| Department of Health Human Services | Housing Stabilization Services-Shelter/Hotel                         |  |
| Department of Health Human Services | Montgomery Cares Health Care for the Homeless                        |  |
| Department of Health Human Services | Systems Planning and Management                                      |  |
| Department of Health Human Services | TB Outreach and Case Management                                      |  |
| Dwelling Place Agency               | Dwelling Place   |  |
| Dwelling Place Agency               | Housing Initiative Program-Family (The Dwelling Place)               |  |
| Dwelling Place Agency               | Housing Initiative Program-Service Coordination (The Dwelling Place) |  |
| Dwelling Place Agency               | New Opportunity Homes  |  |
| Dwelling Place Agency               | Permanent Supportive Housing (Dwelling Place)                        |  |
| Housing Opportunities Commission    | Housing Counseling Program   |  |
| Housing Opportunities Commission    | Housing Initiative Program Housing Locators                          |  |
| Housing Opportunities Commission    | Housing Initiative Program-Service Coordination (HOC)                |  |
| Housing Opportunities Commission    | Housing Initiative Program-Service Coordinator(s) (HOC)              |  |

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|--|--|--|
| Housing Opportunities Commission             | Lasko Manor  |  |
| Housing Opportunities Commission             | McKinney 03  |  |
| Housing Opportunities Commission             | McKinney 10-Family   |  |
| Housing Opportunities Commission             | McKinney 10-Individual   |  |
| Housing Opportunities Commission             | McKinney 12-Individual   |  |
| Housing Opportunities Commission             | New Neighbors 1  |  |
| Housing Opportunities Commission             | New Neighbors 2  |  |
| Housing Opportunities Commission             | Shelter Plus Care  |  |
| Interfaith Works                             | Becky's House  |  |
| Interfaith Works                             | Carroll House  |  |
| Interfaith Works                             | Community Vision   |  |
| Interfaith Works                             | Community Vision Winter Overflow Shelter                           |  |
| Interfaith Works                             | Housing Initiative Program-Family (Interfaith Works)               |  |
| Interfaith Works                             | Housing Initiative Program-Individual (Interfaith Works)           |  |
| Interfaith Works                             | Housing Initiative Program-Service Coordination (Interfaith Works) |  |
| Interfaith Works                             | Interfaith Housing Coalition                                       |  |
| Interfaith Works                             | Interfaith Homes   |  |
| Interfaith Works                             | Watkins Mill House   |  |
| Interfaith Works                             | Wilkins Avenue Women's Assessment Center                           |  |
| Mental Health Association                    | Places for People 1  |  |
| Mental Health Association                    | Places for People 3  |  |
| Montgomery Avenue Women's Center Agency      | Montgomery Avenue Women's Center                                   |  |
| Montgomery County Coalition for the Homeless | Ashmore  |  |
| Montgomery County Coalition for the Homeless | Aurora Apartments  |  |
| Montgomery County Coalition for the Homeless | Back to Work   |  |
| Montgomery County Coalition for the Homeless | Cordell Place  |  |
| Montgomery County Coalition for the Homeless | Cordell Place HUD  |  |
| Montgomery County Coalition for the Homeless | Flower   |  |
| Montgomery County Coalition for the Homeless | Home First I   |  |
| Montgomery County Coalition for the Homeless | Home First II  |  |
| Montgomery County Coalition for the Homeless | Hope Housing-Forest  |  |
| Montgomery County Coalition for the Homeless | Hope Housing-Gallop  |  |
| Montgomery County Coalition for the Homeless | Hope Housing-Grandin   |  |
| Montgomery County Coalition for the Homeless | Hope Housing-Hutton  |  |
| Montgomery County Coalition for the Homeless | Hope Housing-Jump  |  |
| Montgomery County Coalition for the Homeless | Hope Housing-Peony   |  |
| Montgomery County Coalition for the Homeless | Hope Housing-Pier  |  |
| Montgomery County Coalition for the Homeless | Hope Housing-Rolling   |  |

|  |   |  |
|--|---|--|
| Montgomery County Coalition for the Homeless | Hope Housing-Shea   |  |
| Montgomery County Coalition for the Homeless | Hope Housing-Van Buren  |  |
| Montgomery County Coalition for the Homeless | Housing Initiative Program-Family (MCCH)                        |  |
| Montgomery County Coalition for the Homeless | Housing Initiative Program-Individual (MCCH)                    |  |
| Montgomery County Coalition for the Homeless | Housing Initiative Program-Service Coordination (MCCH)          |  |
| Montgomery County Coalition for the Homeless | Men's Emergency Shelter   |  |
| Montgomery County Coalition for the Homeless | Partnership for Permanent Housing 1-Family                      |  |
| Montgomery County Coalition for the Homeless | Partnership for Permanent Housing 1-Individual                  |  |
| Montgomery County Coalition for the Homeless | Partnership for Permanent Housing 2-Family                      |  |
| Montgomery County Coalition for the Homeless | Partnership for Permanent Housing 2-Individual                  |  |
| Montgomery County Coalition for the Homeless | Safe Havens-Adrianne's  |  |
| Montgomery County Coalition for the Homeless | Safe Havens-Gaithersburg  |  |
| Montgomery County Coalition for the Homeless | Safe Havens-Laytonsville  |  |
| Montgomery County Coalition for the Homeless | Safe Havens-Maplewood   |  |
| Montgomery County Coalition for the Homeless | Seneca Heights  |  |
| Montgomery County Coalition for the Homeless | Seneca Heights Apartments Family Housing                        |  |
| Montgomery County Coalition for the Homeless | Seneca Heights Private Living Quarters (PLQ)                    |  |
| Montgomery County Coalition for the Homeless | Seneca Heights Private Living Quarters (PLQ) HUD                |  |
| Montgomery County Coalition for the Homeless | Vulnerability Initiative Program                                |  |
| Mount Calvary Baptist Church                 | Helping Hands Center  |  |
| National Center for Children and Families    | Family Stabilization Program-Arise                              |  |
| National Center for Children and Families    | Greentree Shelter   |  |
| National Center for Children and Families    | Rapid Re-Housing (RRH)  |  |
| National Center for Children and Families    | Supportive Housing Program (NCCF)                               |  |
| People Encouraging People                    | Homeless Outreach Service                                       |  |
| Quest, Inc. Agency                           | Housing Initiative Program-Family (Quest)                       |  |
| Quest, Inc. Agency                           | Housing Initiative Program-Individual (Quest)                   |  |
| Quest, Inc. Agency                           | Housing Initiative Program-Service Coordination (Quest)         |  |
| Rockville Presbyterian Church                | Rainbow Place   |  |
| Shepherd's Table Agency                      | Shepherd's Table  |  |
| Stepping Stones Agency                       | Stepping Stones Shelter   |  |
| The Coordinating Center Agency               | Housing Initiative Program-Individual (The Coordinating Center) |  |