



# PARTICIPANT USER CONFIDENTIALITY AND RESPONSIBILITY CERTIFICATION

Participating Agency \_\_\_\_\_ Participant Number: \_\_\_\_\_

Participating User \_\_\_\_\_

## USER RESPONSIBILITY

Your User ID and Password give you access to the AHMIS 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 and security standards set forth below is grounds for immediate termination from the Amarillo Homeless Information Management Network and forfeiture of grant funds to the Participating Agency if applicable.

\_\_\_\_\_ 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 must be kept in a secure file.

\_\_\_\_\_ When 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 Agency and/or System Administrator.

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

\_\_\_\_\_  
ServicePoint Participant User Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participating Agency Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Executive Director

\_\_\_\_\_  
Date