

2018 Long Island Homeless Management Information System (HMIS) Data Access Agreement

I, _____ of _____
First and Last Name Title Agency/Organization Name

hereby authorize Long Island Coalition for the Homeless staff to access program- and client-level data in the Long Island Homeless Management Information System (HMIS) for the following programs (please list each program, continue on reverse if necessary):

Program Type (ES, TH, PSH, SSO)	Program Name	Program Name in HMIS (if different)

(ES: Emergency Shelter; TH: Transitional Housing; PSH: Permanent Supportive Housing; SSO: Supportive Services Only)

Client- and program-level data access for each of the above-referenced programs is authorized as follows:

Client- and Program- Level Data (initial all that apply)

_____ **View and modify client-level data, including all of the following:**

Initials *Demographic data (i.e., ethnicity, disabling condition, marital status)*
Household information (i.e., children, other adults)
Intake/Admission & Discharge dates; Intake Status (i.e. withdrawn, rejected)
Housing history (i.e., move-in date, unit assignment); Progress/Contacts Notes

_____ **Undo/Reverse incorrect admissions and discharges**

Initials

_____ **View and modify program-level data, including all of the following:**

Initials *Residence units*
Agency program information

I understand that such program- and client-level access is reserved for LICH staff who have undergone extensive HMIS training and have by signed agreement, expressed their commitment to safeguard the confidentiality of agency and client data. Such program- and client-level access may be used for the purposes of ensuring accuracy and data quality in the system, the creation of reports, to assist this agency's staff with issues/problems/questions related to the HMIS data in the above programs, and to execute the CoC's Coordinated Entry system. A full list of LICH staff with said access will be made available upon request.

I further understand that this permission will remain in place for a period of one year from the date of this agreement, unless revoked in writing prior to such date.

Signature of HMIS Participating Agency
Executive Director or CEO

Date

Printed Name and Title of HMIS Participating Agency
Executive Director or CEO



I, Greta Guarton, Executive Director, understand and agree that the access LICH staff have to any program- and client-level data is specifically for the purposes outlined above. I further understand and agree that that the sharing of program- and client-level data with any parties except those who are authorized by the above-referenced organization to have such information or access to this data is strictly prohibited.

Greta Guarton, LMSW
LICH Executive Director

Date

I, Mike Giuffrida, Associate Director, understand and agree that the access LICH staff have to any program- and client-level data is specifically for the purposes outlined above. I further understand and agree that that the sharing of program- and client-level data with any parties except those who are authorized by the above-referenced organization to have such information or access to this data is strictly prohibited.

Mike Giuffrida
LICH Associate Director

Date

I, Wayne Scallon, HMIS Support Supervisor, understand and agree that the access LICH staff have to any program- and client-level data is specifically for the purposes outlined above. I further understand and agree that that the sharing of program- and client-level data with any parties except those who are authorized by the above-referenced organization to have such information or access to this data is strictly prohibited.

Wayne Scallon
LICH HMIS Support Supervisor

Date

Complete and sign two originals of this document.
One original will be returned to the HMIS Participating Agency after LICH signatures.

Send both original documents to:
Long Island Coalition for the Homeless
Attn: HMIS Agreements
600 Albany Ave., Suite 2
Amityville, New York 11701