HMIS Primary Point of Contact Agreement

Primary Point of Contact Name: _____

Each Agency is required to establish a qualified "HMIS Primary Point of Contact". The primary responsibility of this person is to help ensure proper implementation of HMIS across the entire agency. As such, this person much be approved by Executive Leadership. Because the HMIS team may need to reach an executive, that executive should also have their contact information recorded in the signature rows.

As the HMIS Primary Point of Contact for my agency, I agree to the following: (*Please initial*)

_____ I am the main point of contact for all communications between my agency and the HMIS Team. I will distribute important information from the HMIS Team within my agency for issues including, but not limited to:

- Confirmation of data required for federal reporting
- All refresher trainings
- Interruption of ServicePoint access
- Code of Ethics Violations
- User Fee Invoices

_____ I am expected to be the primary point of contact for all compliance related communication.

_____ I will insure a process is in place for new users to be set up at my agency. I understand that either myself or a supervisor must approve all new users on the system. I understand that the HMIS Team will reach out to me if there are not enough licenses available for use at my agency.

_____ I will ensure a process is in place to retain the Code of Ethics for users at my agency.

_____ I will notify the HMIS Team of any staff or account changes that require the closure of an account within 24 hours.

_____ I, or an authorized representative will be available for all mandatory trainings set by the HMIS Team. I understand each program in the HMIS is responsible for sending a representative to the monthly agency administrator training webinar. While it is at the discretion of the agency how programs will be represented at the training, I am the primary contact for any concerns or questions about attendance.

_____ I will ensure the agency is using the most up to date Release of Information and Privacy Notice

_____ I will ensure the agency has an internal data security policy to ensure the agency and its users are in compliance with the HMIS Security Plan, inclusive of any related policies, procedures, agreements and rules governing the HMIS.

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_____ I understand security breaches that have the possibility to impact the HMIS must be immediately reported to the HMIS Team.

_____ I am responsible for running, or overseeing the process, in which reports are run for internal use, including but not limited to:

- Data quality checks
- Requested data verifications from the HMIS Team in accordance with federal reporting

I have read, understand and agree to comply with all of the statements above.

Agency:

_____

Primary Point of Contact:

_____

| Name | Email | Phone |

_____

| Signature | Date |

Executive Leader/Contact at Organization:

_____

| Name | Email | Phone |

_____

| Signature | Date |

Last Updated: 7.29.2019