HMIS

(**H**OMELESS **M**ANAGEMENT **I**NFORMATION **S**YSTEM)

SECURITY AWARENESS TRAINING

Created By:

Haven for Hope

Revised: 7/30/2019

Overview

- The purpose of this presentation is to **emphasize** the importance of security when using HMIS. Client information is confidential and should always be treated as such. **This presentation provides an overview for the following topics:**
  - HUD HMIS Data Standards
  - Basic Requirements
  - User Authentication/Access
  - Defining Security
  - Client Confidentiality
  - HIPAA

HUD's HMIS Data Standards

- The purpose of the data standards are to *"ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals."*
- The most recent version is May 2019.
- **You may access these data standards at:**

https://www.hudexchange.info/resources/documents/HMIS-Data-Dictionary.pdf

Basic Security Requirements

- **HMIS Users Need:**
  - Unique username and password
  - Signed Electronic Security Awareness Agreement (digital copy in HMIS)
  - Security Awareness valid for 365 days
- **Each Computer/Network Needs:**
  - A secure location
  - Anti-virus software
  - Individual or network firewall

Username and Password

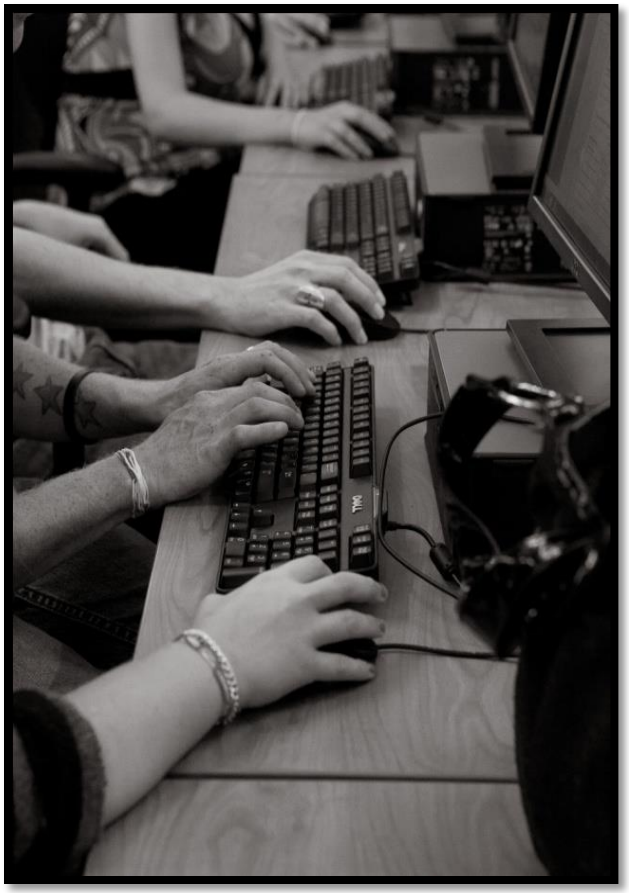
- **Every user accessing HMIS must have a unique username and password**
- **A unique password includes:**
  - **At least 1 number**
  - **At least 1 lowercase letter**
  - **At least 1 capital letter**
  - **At least 6 characters long**
  - **At least 1 $pecial character**
    - **Good: [Na$car#39]**
    - **Bad: Pass.1**

HMIS access

- Users are assigned a role in the HMIS application. A role defines how much information and the type of information you can access. Your agency and the HMIS Manager will determine your role access.
- HMIS is built to automatically log you out if there is inactivity beyond 30 minutes.
- Log out of HMIS when away from the workstation.
- **Do not** share your login information with anyone!

Physical Access / Location

- **Secure workstations**
- **(It is your responsibility for good computer practices)**
  - Lock offices
  - Place computer monitors away from others' view
  - Use a privacy screen when necessary
  - Lock computer screens when away from the workstation (windows logo key + L)



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Uses of HMIS

- **HMIS *should not* be used for:**
  - Personal gain
  - Bias opinions
  - Stalking
  - Sharing with others outside of service providers
  - Curiosity
- **HMIS *should* be used for:**
  - Tracking enrollments/assessments
  - Referring clients
  - Creating case notes
  - Coordinating services for a client

Defining Security

- **Security** refers to the protection of clients' personal protected information and sensitive program information from unauthorized access, disclosure, use, or modification.

Client Confidentiality

- Agencies and Individual Users of HMIS are required to comply with federal, state, and local confidentiality laws
- Agencies and Users are required to comply with limits to data collection (relevant, appropriate, lawful)
- Agencies are required to post sign at intake or comparable location with general reasons for information collection and reference to privacy policy
- Agencies may infer consent for uses in the posted sign and written privacy policy

Protecting Clients Privacy

- **Client information should only be shared/searched on a need-to-know basis.**
  - **<u>Need-to-know</u>:**
    - 1. The **legitimate** requirement of a person to access sensitive information that is **critical** to the performance of an **authorized, assigned mission in connection with services to a client**.
    - 2. The **necessity** for access to specific information required to carry out official duties.
- **HMIS Team monitors individual HMIS use. User must be able to support access to client's file.**
- **Violations <u>must</u> be reported to the Security Manager, Haven for Hope HIPAA Officer, in some cases, to government agencies and the Client.**
- **Violations may result in termination of use rights, disciplinary action, and in extreme cases, prosecution.**

Privacy and Security Laws

- Federal Health Insurance Portability and Accountability Act (HIPAA,1996)
- Texas Medical Records Privacy Act (MRPA, 2012)
- 42 CFR Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records (HHS)

WHAT IS HIPAA?

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
  - The HIPAA Rules apply to "Covered Entities" and "Business Associates" .
  - Covered Entities include certain health care providers, health plans, and health care clearing houses.
    - Hospitals & Health Clinics
    - Some mental health & substance abuse treatment programs
  - A Business Associate is any person or entity that:
    - Performs an activity or function on behalf of a covered entity that involves Protected Health Information (**PHI**), OR
    - Provides legal, accounting, management, administrative, financial, or other services for a covered entity that involves PHI.

What Information Must Be Protected?

- You must protect an individual's Protected Health Information (**PHI**) which is collected or created as a consequence of providing care. These rules apply to you when you view, use, and share PHI.

  - **PHI:**
    - Is information related to a patient's past, present or future physical and/or mental health condition
    - Can be in any form: written, spoken, or electronic
    - Includes at least one of the 18 identifiers:

Protected Health Information (PHI) Identifiers

- Name
- Postal Address
- All elements of dates except year (ex:DOB)
- Telephone number
- Fax Number
- Email address
- URL address
- IP address
- Social Security number
- Account numbers
- Certificates/Licenses number
- Medical record number
- Health care beneficiary #
- Device identifiers and their serial numbers
- Vehicle identifiers & serial numbers
- Biometric identifiers (finger & voice prints)
- Full face photos & other comparable images
- Any other unique identifying number, code, or characteristic

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Disclosures of PHI

May be disclosed:

- With written consent, or
- If required by court order, or
- In a medical emergency, or
- For research, audit, or program evaluation
- To another health care provider for purposes of Treatment, Payment, or health care Operations (**TPO**) (e.g. to a partner, physician, or hospital)

Disclosures of PHI

- To the client
- In accordance with client's written authorization
- To a client's legal representative or a family member involved in client care
- To report child abuse or neglect, abuse of an adult, or domestic violence
- Haven for Hope considers that other disclosure is non-routine and requires approval by the Haven for Hope HIPAA Privacy Officer

Keep in Mind

- ❑Use PHI only as necessary to perform your job duties
- ❑Use & disclose the minimum necessary to perform job duties
- ❑If you need to use or disclose PHI outside of routine uses/disclosures, please consult the Haven for Hope Attorney/HIPAA Privacy Officer first

Haven for Hope Attorney & HIPAA Privacy Officer:
Brooke Holland (210) 220-2183
Brooke.Holland@havenforhope.org

HMIS Security Officer:
David Huete (210) 220-2352
David.Huete@havenforhope.org

Read & Sign Digital Copy

AGENCY/ORGANIZATION NAME: _____

LOCATION: _____

San Antonio Homeless Management Information System (HMIS)

USER CONFIDENTIALITY AGREEMENT

I understand that I will be allowed access to confidential information and/or records in order to perform my specific job duties. I further understand and agree that I am not to disclose such confidential information and/or records without the prior consent of the appropriate authority(s).

I understand that all USERID/ Passwords to access the HMIS are issued on an individual basis. I further understand that I am solely responsible for all information obtained, through system access, using my unique identification. At no time will I allow any other person to use of my USERID/Password to logon to the HMIS. I understand that accessing or releasing confidential information and/or records, or causing confidential information and/or records to be accessed or released except as allowed in the HMIS Security Awareness training, outside the scope of my assigned job duties would constitute a violation of this agreement. I understand my supervisor will be notified immediately of any violation and disciplinary action will be taken, up to termination of employment.

By affixing my signature to this document I acknowledge that I have been apprised of the relevant laws concerning access, use, maintenance and disclosure of confidential information and/or records available to me through my use of the HMIS. I further agree that it is my responsibility to assure the confidentiality of all information I access through use of HMIS, even after my access to HMIS has ended.

Pursuant to this agreement I certify that I have read and understand the laws concerning confidential information and/or records and the HMIS Security Awareness Training materials.

User Signature _____ **Date** _____ **Job Title** _____

Print User Name _____ **Email** _____