



HIFIS CONFIDENTIALITY AND USER AGREEMENT

I, the undersigned, am an employee of _____. I acknowledge that my employer has arranged for me to be granted access to HIFIS – Homeless Individuals and Families Information System. HIFIS is used to collect, share and report on client information, and to assist agencies in focusing services and resources to help homeless individuals. The County of Dufferin is the Lead Agency for HIFIS application in the region.

I acknowledge that I have read and understand the County of Dufferin's policy on Confidentiality and Information Sharing that is contained in *Dufferin County's Interagency Data Sharing Agreement*. The Agreement is in accordance with Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).

In recognition of the confidential nature of the information contained in HIFIS, I understand and agree to the following:

1. I will access, view, use, and disclose the personal information in HIFIS only in the normal course of fulfilling my employment duties at _____, and only in accordance with the policies and procedures provided to me by the County of Dufferin and/or my employer.
2. I will not divulge client information to anyone other than the persons who are authorized to receive the information in accordance with the policies and procedures provided to me by the County of Dufferin and/or my employer.
3. I will take reasonable precautions regarding the protection of client information. This includes the following:
 - a. I will protect my HIFIS User ID and login password and acknowledge that they are for my use only.
 - b. I will not share my HIFIS login password, and will never log into HIFIS and allow someone else to work under my user account.
 - c. I will not leave client information unattended on my computer screen.
 - d. I will ensure that all print outs/hard copies of HIFIS information are kept in a secure file, and shredded or otherwise properly destroyed when no longer needed.
4. I will not knowingly enter false or misleading client information into HIFIS under any circumstances.
5. I will maintain high standards of professional conduct in the capacity of a HIFIS User.
6. I agree to take on any privacy training required by the County of Dufferin and/or my employer.
7. I will immediately notify Dufferin County Community Services if I believe there has been a privacy breach (i.e., personal information of clients getting stolen, lost, or mistakenly disclosed)

8. I acknowledge that the County of Dufferin will regularly monitor access to HIFIS, and that this may include the review of my access to HIFIS.
9. I will immediately cease access to HIFIS at Dufferin County's or my employer's request.
10. I understand that unauthorized access, use, or disclosure of HIFIS information may result in disciplinary action up to and including termination of employment, contract, association or appointment if I do not adhere to and comply with this Confidentiality and User Agreement.

Employee Name (please print) _____

Agency Name: _____

Email: _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Each employee requiring access to HIFIS must complete and sign this Confidentiality and User Agreement.
The County of Dufferin will provide the employee with a user name and password to HIFIS.

Mail or drop off completed form to: County of Dufferin
30 Centre Street, Orangeville. L9W 2X1

Or **fax** to: (519) 941-0271 or **scan or email** to: clarocque@dufferincounty.ca