

**Louisiana Services Network Data Consortium User Agreement**

---

\_\_\_\_\_  
For: User Name (Print Name)

\_\_\_\_\_  
From: Agency Name (Print Name)

\_\_\_\_\_  
User E-mail Address

**USER POLICY:** It is a Client's decision about which information is to be shared with any other Louisiana Services Network Data Consortium (LSNDC) Partner Agency. The LSNDC Client Release of Information must be signed by Client before any Client information is designated in LSNDC System for sharing with any Partner Agencies. User shall ensure that prior to obtaining Client's signature the LSNDC Client Release of Information was fully reviewed with Client in a manner to ensure that Client fully understood the information (e.g. securing a translator if necessary).

**USER CODE OF ETHICS**

- Users must not decline services to a Client or potential Client if that person refuses to allow entry of information into the LSNDC System or to share their personal information with other agencies via the LSNDC System.
- Users must be prepared to answer Client questions regarding the LSNDC System.
- Users must faithfully respect and accurately record Client preferences with regard to the entry and sharing Client information within the LSNDC System.
- Users must allow Client to change his or her information sharing preferences at the Client's written request.
- The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.
- Users will not solicit from or enter information about Clients into the LSNDC System unless the information is required for a legitimate business purpose such as to provide services to the Client.
- Users will not use the LSNDC System for any violation of any law, to defraud any entity or conduct any illegal activity.

**CONFIDENTIALITY STATEMENT:** I agree to maintain strict confidentiality of information obtained through the LSNDC System. This information will be used only for the legitimate client service and administration of the above named Agency. Any breach of confidentiality will result in my immediate termination of participation in the LSNDC System.

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

\_\_\_\_\_  
LSNDC User Signature

\_\_\_\_\_  
LSNDC User Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Director's Signature

\_\_\_\_\_  
Date

**Louisiana Services Network Data Consortium User Agreement**

---

**USER RESPONSIBILITY STATEMENT:** Your User ID and Password gives you access and authority to use the LSNDC System. Initial each item below to indicate your understanding and acceptance the user responsibilities and the proper use of your User ID and Password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination of User privileges.

\_\_\_\_\_ I understand I am required to sign an acknowledgement that I have read and understood the LSNDC Standard Operating Procedures.

\_\_\_\_\_ I understand my User ID and Passwords must be physically secure and not to be shared with anyone, including other staff members, supervisors or Executive Director.

\_\_\_\_\_ I understand that the only individuals who can view information in the LSNDC System are authorized users and the Client to whom the information pertains.

\_\_\_\_\_ I understand that my access to the LSNDC System is limited to my designated work and this location must meet all HUD HMIS Data and Technical Standards.

\_\_\_\_\_ I understand I may only view, obtain, disclose, or use client data from the LSNDC System that is necessary to perform my job and that these rules apply to all users of the LSNDC System, whatever their work role, position, or location.

\_\_\_\_\_ I understand clients have the right to see their information in the LSNDC System. If a client requests to see their information, the Participating Agency who receives the request must review the information with the client.

\_\_\_\_\_ I understand that failure to log off the LSNDC System appropriately may result in a breach in client confidentiality and system security. If I am logged into the LSNDC System and must leave the work area where the computer is located, I must log-off before leaving the work area.

\_\_\_\_\_ I understand a computer that has the LSNDC System "open and running" shall never be arranged so that unauthorized individuals may see the information on the screen.

\_\_\_\_\_ I understand hard copies and electronic copies of information from the LSNDC System must be kept secure to ensure that only appropriate agency staff has access.

\_\_\_\_\_ I understand that when hard copies and electronic copies of the LSNDC System client information are no longer needed, they must be properly destroyed.

\_\_\_\_\_ I understand that I must not change the closed security on any Client's signed LSNDC Client Release of Information. The LSNDC System security settings must always reflect the Client's expressed wishes as documented through the LSNDC Client Release of Information.

\_\_\_\_\_ I understand that in the event that I am no longer employed with this agency my access is revoked immediately and I must not use my User ID and Passwords to access to the LSNDC System.

\_\_\_\_\_ I understand if I notice or suspect a security breach, I must immediately notify the Regional System Administrator at [enter contact number].

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

---

|                      |                                |      |
|----------------------|--------------------------------|------|
| LSNDC User Signature | LSNDC User Name (please print) | Date |
|----------------------|--------------------------------|------|

---

|   |      |
|---|------|
| Regional System Administrator Signature | Date |
|---|------|