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HMIS MONITOR/AUDITOR POLICY

Purpose of Policy

This policy applies to all monitors/auditors affiliated with the CFTH, The Way Home Continuum of Care, Participating Agencies, and Collaborative Partners. In the policy context, a monitor or an auditor is a stakeholder representative authorized to review and/or verify specific records in the HMIS while ensuring the confidentiality and security of that information. The purpose of this policy is to affirm the fundamental right of clients to have their information protected, ensure the privacy and security of clients' information, and define permissions and restrictions protocols to safeguard clients' data while allowing for the sharing of information necessary to provide services for self-sufficiency.

Responsibilities

- All monitors/auditors must attend the HMIS new user training and sign the HMIS User License Agreement. The Participating Agency can request one-on-one training for the monitor/auditor if the calendar schedule does not work for them.
- All monitors/auditors must maintain high confidentiality of clients' sensitive information, including Personally Identifiable Information (PII) such as name, date of birth, social security number, gender, race, etc.
- All monitors/auditors must comply with the HMIS Privacy Policies and Procedures at <https://www.cfthhouston.org/hmis-v2>.

Access Permissions

To be consistent with agencies' permissions and restrictions, a monitor/auditor will be granted **Read-Only** access pertaining to the project (s) and organization(s) to be monitored. The CFTH HMIS reserves the right to deactivate access for suspicious activities and/or breached confidentiality. The Participating Agency must request account deactivation once the audit has been completed by emailing the HMIS at hmis@cfthhouston.org.

Access Agreement

To set up access, the Participation Agency must complete and email this agreement to the CFTH HMIS support team at hmis@cfthhouston.org. The agreement must include the monitor/auditor's name, email address, and the period covered.

Agency Name(s): _____

Project Name(s): _____

Monitor/Auditor Name: _____

Email Address: _____

Access Begin Date: _____ **Access End Date:** _____

CFTH Staff Name (please print): _____

CFTH Staff Name Signature: _____ **Date:** _____

*This policy will be reviewed and updated annually or as needed.