

User Policy, Responsibility Statement & Code of Ethics

For Lake County's ServicePoint®

User Policy

Partner Agencies shall share information for the purposes of coordinating services to individuals enrolled in ServicePoint®. Aggregate non-identifying data may also be used for reporting unduplicated counts to state, federal and other funding sources. Lake County seeks to establish a uniform, consistent, and accurate source of data for all member participants and stakeholders.

It is a Client's decision about which information, if any, entered into the ServicePoint® system shall be shared and with which Partner Agencies. The *Consent To Use ServicePoint®* must be signed if the Client agrees to share basic information with Partner Agencies. A separate *Release of Information* form must be signed if the Client agrees to share anything other than basic identifying information.

The ServicePoint® system is a tool to assist agencies in focusing services and locating alternative resources to help clients. Therefore, agency staff should use the Client information in the ServicePoint® system to target services to the Clients' needs.

To the greatest extent possible, data necessary for the development of aggregate reports of homeless services, including services needed, services provided, referrals and client goals and outcomes should be entered into the system in a timely and accurate manner.

Users Code of Ethics

- A. The ServicePoint User has primary responsibility for his/her Client(s).
- B. Each ServicePoint User should maintain high standards of professional conduct in the capacity as a ServicePoint User.
- C. ServicePoint Users must treat Partner Agencies with respect, fairness and good faith.
- D. ServicePoint Users have the responsibility to relate to the Clients of other Partner Agencies with full professional consideration.

Strong Password Protocols

Minimum length of eight characters which:

- Are not based on anything somebody else could easily guess or obtain using person related information, e.g. names, telephone numbers, dates of birth, etc.
- Are free of consecutive identical characters or all-numeric or all-alphabetical groups
- Are free of word or number patterns
- Are not names or words in any dictionary including English, foreign languages, and technical dictionaries (legal, medical, etc.)
- Contains at least one uppercase letter, one lowercase letter, and 2 numbers

User Responsibility

Your User ID and Password give you access to the Lake County ServicePoint® system. **Initial each item below to indicate your understanding and acceptance of the proper use of your User ID and password.**

Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the ServicePoint® system.

- My User ID and Password are for my use only and must not be shared with anyone.
- I must take all reasonable means to keep my password physically secure.
- I understand that the only individuals who can view information in the ServicePoint system are authorized users and the Clients to whom the information pertains.
- I may only view, obtain, disclose, or use the database information that is necessary to perform my job.
- I am required to understand and obey all requirements indicated in the *Service Point® Business Agreement* and *Notice of Privacy Practices*.
- Each client must be informed of their privacy rights and sign the *Consent to Use ServicePoint®* before their information is entered in to the database.
- Client information will only be shared in a manner consistent with the signed consents and releases of information by the client.
- If I am logged Into ServicePoint® and must leave the work area where the computer is located, I **must log-off** of ServicePoint® before leaving the work area.
- A computer that has ServicePoint® open and running shall never be left unattended.
- Failure to log off ServicePoint® appropriately may result in a breach in client confidentiality and system security.
- Hard copies of ServicePoint® information must be kept in a secure file.
- When hard copies of ServicePoint® information are no longer needed, they must be properly destroyed to maintain confidentiality.
- If I notice or suspect a security breach, I must immediately notify the Agency Administrator for ServicePoint® or the Lake County System Administrator at 847-377-2331.

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

ServicePoint User – **Print Name & Sign** _____
Date

Agency Administrator – **Print Name & Sign** _____
Date

Note: Forms should be signed by the User & Agency Administrator, a copy kept on site and a copy delivered to the Lake County ServicePoint Administrator.