Miami-Dade County Homeless Trust User’s Acknowledgement Form

Miami-Dade County Homeless Trust
Homeless Management Information System (HMIS)

HMIS is a web-based management information system utilized to record and share information electronically, on services provided to individuals and families who are homeless, or at risk of homelessness.

This form serves to acknowledge the undersigned HMIS User’s understanding and compliance with the HMIS Policies and Procedures.

The staff member utilizing HMIS agrees to comply with the Miami-Dade County Homeless Trust, HMIS Policies and Procedures.

Should the HMIS Policies and Procedures be modified or altered by the Miami-Dade County Homeless Trust, the updated version will be distributed to all providers and staff members.

The undersigned agrees to comply with any and all applicable Federal, State, and local laws and regulations, including, but not limited to the Health Insurance Portability and Accountability Act pertaining to client confidentiality, and the transmission of certain confidential client information.

HMIS User

Signature: _______________________________  Date: __________________

Printed Name: ____________________________

Agency: ____________________________________