

Appendix 4

Austin / Travis County Homeless Management Information System Agency Administrator and Data Security Officer Authorization Form

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| Agency Name | |
| Address | |
| City | |
| State | |
| Zip | |
| Phone | |
| Agency Administrator Name and Title | |

Authorization Agreement

I, _____, Executive Director or authorized individual of the above-named agency authorize the above-named employee as the ServicePoint Agency Administrator and HMIS Data Security Officer for this agency.

I understand that the above-named person will have top-level access to this agency's information in HMIS. I understand that HMIS Agency Administrators will have access to the following:

- Access to update client records including saving data, adding, and editing.
- Run agency reports on HMIS data.
- Edit this agency's information and can add, edit, and delete HMIS users for this agency.
- The Agency Administrator may not delete a client from HMIS. The Agency Administrator will contact ECHO HMIS if a client needs to be removed entirely from the database.

This individual will be responsible for:

- Completing HMIS Agency Administrator Training with ECHO HMIS.
- Ensuring all licensed HMIS users at this agency complete training prior to accessing the database and ensuring all HMIS users at this agency complete the annual Ethics Training.
- Maintaining workflow provided by HMIS for upholding the HMIS Data and Technical Standards.
- Attending HMIS Workgroup Meetings on behalf of this agency.
- Acting as the HMIS Data and Security Officer for this agency.

By this agreement, I authorize ECHO HMIS to give this employee the HMIS Access Level of Agency Administrator.

Signature

Date