



Shelter Management Information System – SMIS

User Responsibility and Confidentiality Agreement

Please print clearly

Your First & Last Name: _____

Shelter Name: _____

Your Email Address: _____

This agreement is between the Shelter/Agency (Employer) and the staff person (Employee/ User) who will use the City of Toronto’s Shelter Management Information System, called SMIS.

Your User ID and password give you access to SMIS. You are required to use your User ID and password in accordance with the responsibilities set out below. You understand that failure to adhere to the following responsibilities may result, at the City of Toronto’s sole discretion, in revocation of your User ID, password and access to SMIS. It may also result in disciplinary action by your Employer.

You are asked to initial each item below to indicate that you understand and accept the terms and conditions for the use of your User ID, password and access to SMIS.

_____ I understand and agree that I am given access to SMIS for the sole purpose of providing services to clients in the shelter at which I am employed.

_____ I understand and agree that activities carried out using SMIS are logged and subject to audit by the City of Toronto system administrator upon request by a manager at my shelter or another authorized person.

_____ I understand and agree that my User ID and password are for my use only and I will not share these with anyone.

_____ I will take all reasonable steps to keep my password physically secure and to prevent its disclosure, modification, and use by any other person.

_____ I will be responsible for all inputs/changes/modification/deletions entered in the system under my User ID and password.

_____ I will not permit anyone to view information in the SMIS system except for authorized Users as determined by my employer and the clients to whom the information pertains.

_____ I will only view, obtain, disclose or use the database information that is necessary to perform my job.

_____ I will log off SMIS whenever I leave the work area where the computer is located to minimize the possibility of a breach in client confidentiality and system security.

_____ I will never leave unattended a computer that has SMIS “open and running”.



- _____ If I work at more than one shelter, I will access only the files for clients in the shelter at which I am working, while at that shelter.
- _____ I will keep hard copies of client information printed from SMIS in a secure file.
- _____ When hard copies of client information from SMIS are no longer needed, I will ensure that they are properly destroyed or archived in a manner that maintains their confidentiality.
- _____ If I notice or suspect a security breach, I will immediately notify my supervisor or manager in my shelter. I will also notify my supervisor or manager immediately if there is a possibility that my password may have been compromised in any way.
- _____ I will only access SMIS for an authorized reason(s), as directed by my Supervisor/Manager.
- _____ I will only access SMIS when using devices that are password-protected (e.g., I will not access SMIS through a public library computer).
- _____ I will only access SMIS when using devices that are work-issued (e.g., I will not access SMIS using my personal computer).
- _____ I will only access SMIS when connected to networks that are private and password-protected (e.g., I will not access SMIS through my home Wi-Fi without a VPN, or the public Wi-Fi offered by my local coffee shop).
- _____ I will not save my SMIS password on any devices (e.g. I will not use a password manager tool to save my username and password in my browser).

I understand and agree to comply with all the statements listed above. I also acknowledge and agree that:

- I will be allowed access to confidential information and/or records in order that I may perform my specific job duties.
- I will not disclose confidential information and/or records except in accordance with the staff code of conduct and confidentiality policy for my workplace.
- I will treat clients and partner agencies with respect, fairness and good faith, and will maintain high standards of professional conduct in my capacity as a SMIS User.

This agreement is valid for the duration of my employment at this shelter / agency.

User Signature

Date

Shelter/Agency Executive Director or Designate:

Name (please print)

Signature

Date