

Confidentiality and Security
Agreement Form

- The user understands and agrees that they may not publish, disclose, or use any information collected for or contained within the HMIS except as permitted by the Vallejo-Solano County Continuum of Care procedures or by applicable law.
- The user understands and agrees that all passwords and/or other security measures assigned to them are to be used solely by themselves, and are not to be disclosed to or utilized by any other individual.
- The user understands and agrees that if they knowingly and intentionally violate the confidentiality provisions of applicable rules and regulations, they may be subject to termination and subject to liability under applicable law.
- The user understands and agrees that their obligations under the Agreement shall remain in effect following any termination of this Agreement or of their employment with the agency listed on the form.

Name

Signature

Agency

Date

Email

Phone