



## User Responsibility Statement and Agreement for use of Pathways Systems

Send this Agreement to Support at Pathways Community Network Institute, 2799 Lawrenceville Highway, Suite 217, Decatur, GA 30033; Fax 404-982-0960. **Confidentiality Training must be renewed annually.**

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

User's Name: \_\_\_\_\_ User's Position/Title: \_\_\_\_\_

User's Work Email: \_\_\_\_\_ User's Work Number: \_\_\_\_\_

### User Responsibility Statement

Please initial each item below to indicate your understanding of proper access to Pathways Systems. Any failure to uphold the standards set forth below is grounds for immediate termination of your user name/system access and notification of the agency director.

### By placing my initials next to each of the statements below, I affirm that I understand the following:

\_\_\_\_\_ My user name and password are for my use only and may not be shared with others. I will take all reasonable means to keep my password private and physically secure.

\_\_\_\_\_ The only individuals who can view Pathways Systems information are authorized users and the individual client to whom the information pertains.

\_\_\_\_\_ I may only view, obtain, disclose or use Pathways Systems information necessary to perform my job.

\_\_\_\_\_ I will observe the client authorization and verification policy and process detailed in the Pathways Compass User Training Participant Guide.

\_\_\_\_\_ I will enter accurate, complete information to the best of my ability.

\_\_\_\_\_ Hard-copy printouts of Pathways Systems individual client data are part of a client's confidential file and must be kept in a secure location. If they are no longer needed they must be properly destroyed to maintain confidentiality.

\_\_\_\_\_ A computer running Pathways Systems should never be left unattended. If I am logged into any Pathways System, I must log off before leaving my work area.

\_\_\_\_\_ I understand that these rules apply to all users of Pathways Systems, whatever their role or position.

\_\_\_\_\_ If I notice or suspect a security or confidentiality breach, I will immediately notify staff at Pathways Community Network.

\_\_\_\_\_ In order to receive my account information promptly, I agree to pass the Confidentiality Training class with a score of 70% or higher as soon as the course is available within my region. I agree to pass this course within 90 days or my account information will be revoked.

I agree to maintain strict confidentiality of information obtained through Pathways Systems. Any breach of confidentiality will result in notification of the agency director and immediate termination of my participation in Pathways Systems.

User Signature \_\_\_\_\_ Date: \_\_\_\_\_

Agency Director Signature \_\_\_\_\_ Date: \_\_\_\_\_