

Homeless Management Information System (HMIS) Annual Agency Privacy and Security Monitoring Form

Agen	ncy Name: D	ate:	-		
Agen	ncy Contact:				
Email: Phone #:					
Execu	utive Director				
Execu	utive Director Signature				
Please scan your completed form and upload to the Housing Contract Administration Partner Agency Portal at https://kyhmis.zendesk.com with a ticket subject line of "Security Monitoring Form". ******Only one survey needs to be completed for each agency*****					
1.	Do you collect Client Acknowledgement and Release of Information forms for all clients whose data is entered in the KYHMIS?		Yes	No	
2.	Are all staff at your agency with access to KYHMIS licensed as KYHMIS Users with their own logins and passwords?		Yes	No	
3.	Does your agency require screen savers that lock the computer after a timed inactivity period?		Yes	No	
4.	Does your agency have up-to-date virus protection software installed? If so, please identify the software below:		Yes	No	
5.	Does your agency have firewall protection that prevents unauthorized incoming or outgoing access of data on your agency's computers?		Yes	No	
6.	Does your agency have the KHC KYHMIS Privacy Notice in a public and easily accessible area?		Yes	No	
7.	Does the configuration of staff workspace support the privacy of data entry and passwords?		Yes	No	
8.	Have all of your users attend the security training in the last 30 days ?		Yes	No	

To be completed by Kentucky Housing Corp. HMIS Staff			
viewer :			
	Date received:		