



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

Agency Name: _____ Date: _____

Agency Contact: _____

Email: _____ Phone #: _____

Executive Director _____

Executive 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 <input type="checkbox"/>	No <input type="checkbox"/>
2.	Are all staff at your agency with access to KYHMIS licensed as KYHMIS Users with their own logins and passwords?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Does your agency require screen savers that lock the computer after a timed inactivity period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Does your agency have up-to-date virus protection software installed? If so, please identify the software below: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Does your agency have firewall protection that prevents unauthorized incoming or outgoing access of data on your agency's computers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Does your agency have the KHC KYHMIS Privacy Notice in a public and easily accessible area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Does the configuration of staff workspace support the privacy of data entry and passwords?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Have all of your users attend the security training in the last 30 days ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

To be completed by Kentucky Housing Corp. HMIS Staff

viewer : _____

Date received: _____