

# NW Social Service Connections

## REMOTE ACCESS POLICY

ServicePoint™ is intended only be accessed on-site from the Organization's network, desktops, laptops, mini-computers and any other electronic devices that are web capable . In special circumstances access from remote locations may be permitted after application and approval by both the Agency and System Administrators.

The Remote Access Policy and Agreement is an extension of the User Agreement and NWSSC CMIS/HMIS Policies and Procedures. The USER shall comply with all Policies, Procedures, Agreements and all rules associate with NWSSC CMIS/HMIS.

The Agency Administrator has the responsibility to assure the user is in compliance with this and all other Policies, Procedures, Agreements and rules associated with NWSSC CMIS/HMIS. The Agency Administrator will regularly, at least annually, audit remote access by associating dates and times to the user's time sheet.

All staff that accesses the database remotely must meet the standards detailed in the System Security (see Policy and Procedures) and may only access it for activities directly related to their job.

### **Examples of Remote Access:**

- Community Agency offices on secure networks to support agency use of the system.
- Training Centers on secure networks when providing services or training in the field.
- Private Agency Onsite Residence Offices on secure networks to complete assigned work duties.
- Agency Administrators or System Administrators only: Private Home office on secure networks to provide system support as needed.

### **Requirements for Remote Access of NWSSC CMIS/HMIS include:**

- System security provisions will apply to all systems where NWSSC CMIS/HMIS is accessed.
- User must certify compliance all NWSSC CMIS/HMIS Policies, Procedures and Agreements.
- User must follow all confidentiality and privacy rules.
- User must assure access only access for activities directly related to their job.
- Remote access will only be on secure networks. (You will not access NWSSC CMIS/HMIS on any non-protected, free, or other network or Wi-Fi).
- Data containing client identifiable information will not be downloaded to any remote access site at any time for any reason.
- Data downloaded for purposes of statistical analysis will exclude client identifiable information.
- All CMIS/HMIS data (electronic and hardcopy), will be securely stored and/or disposed of in such a manner to protect the information.

Application for remote access must be made by completing NWSSC CMIS/HMIS Remote Access Agreement and submitting completed form to the Agency Administrator.

Upon receipt that Agency Administrator will review and confirm the need for applicant to have remote access. The signed agreement will then be forwarded to the System Administrator for final approval.

# **NW Social Service Connections**

## **REMOTE ACCESS POLICY**

The System Administrator will sign and retain the NWSSC CMIS/HMIS Remote Access Agreement, thus authorizing remote access for the identified user. The System Administrator will advise both the Agency Administrator and the User that approval has been granted.

Violation of this or any NWSSC CMIS/HMIS policy or agreement may result in the termination of the User License or Agency Participation.

**NWSSC CMIS/HMIS System Administrator**

Wendy Smith  
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# NW Social Service Connections

## REMOTE ACCESS AGREEMENT

I, \_\_\_\_\_ (Name), am applying for Remote Access Authorization for NWSSC CMIS/HMIS.

I require remote access for the purpose of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location/Site for remote access: \_\_\_\_\_ IP Address: \_\_\_\_\_  
(If Known)

Dates/Times for remote access: \_\_\_\_\_

My ServicePoint Login is: \_\_\_\_\_

Agency: \_\_\_\_\_ Program(s): \_\_\_\_\_

I certify that I have read and will comply with the Remote Access Policy. I am and will be in compliance with all Policies, Procedures, Agreements and rules associate with NWSSC CMIS/HMIS.

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

Email \_\_\_\_\_ Phone: \_\_\_\_\_

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As Agency Administrator I have reviewed this application. I find it is a valid and active request. I support and approve this application for Remote Access. I understand that it is my responsibility to assure the user is in compliance with this and all other Policies, Procedures, Agreements and rules associate with NWSSC CMIS/HMIS. I will frequently audit remote access by associating dates and times to the user's time sheet.

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

Email \_\_\_\_\_ Phone: \_\_\_\_\_

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Approved  
System Administrator

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

**NWSSC CMIS/HMIS System Administrator**

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