Stanislaus County HMIS Security & Data Quality Audit

Date of Audit:	Program: (Please circle) ES PSH RRH SSO TH ES HP SO	Funding Source: (Please circle) CoC ESG RHY PATH SSVF VASH VAGPD PRIVATE
Agency Name:	Program Name (s):	

Data Collection		
Description	**Response**	**Action Needed**
Agency is using the correct, updated HMIS Intake, Update, & Exit Forms?	Yes or No	
HMIS Intake, Update, & Exit Forms are completed properly?	Yes or No	
Agency is collecting all Universal Data Elements? (*Name, SSN, DOB, Race, Ethnicity, Gender, Veteran Status, Disabling condition, Residence Prior to Project Entry, Project Entry Date, Project Exit Date, Destination, Relationship to HOH, Time on Streets, ES or SH*)	Yes or No	
Agency is collecting all Program Specific Data Elements? (*Housing Status, Income & Sources, Non-Cash Benefits, Health Insurance, Physical Disability, Developmental Disability, Chronic Health Condition, HIV/AIDS, Mental Health Problem, Substance Abuse, Domestic Violence, Contact, Date of Engagement, Bed Night, Residential Move-In Date, Housing Assessment Disposition, Housing Assessment at Exit*)	Yes or No	
Special Population considerations or additional notes?		

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Privacy		
Description	**Response**	**Action Needed**
Does Agency have the HMIS Consumer Privacy Notice posted at each place intake occurs?	Yes or No _____ # of intake locations _____# of posted Notices	
Does Agency have the HMIS Client Privacy Rights posted at each place intake occurs?	Yes or No	
Special considerations or additional notes?		

Client Consent		
Description	**Response**	**Action Needed**
Are the HMIS Client Consent/Information Release forms signed by Client and in file?	Yes or No	
Is the Agency using the most current Client Consent?	Yes or No	
I have completed random sampling of client records for signed consents?	Yes or No	
Special considerations or additional notes?		

Physical Access		
Description	**Response**	**Action Needed**
Are all HMIS workstations in secure locations (locked offices) or manned at all times?	Yes or No	
Using password protected screensavers?	Yes or No	
All printers used to print hard copies from the HMIS are in secure locations?	Yes or No	
Are users accessing HMIS from outside the workplace?	Yes or No	
Special considerations or additional notes?		

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HMIS Users		
Description	**Response**	**Action Needed**
All HMIS users have an active account (have logged into the system within 30 days)?	Yes or No	
Does the Agency have any HMIS users who have left the agency and need their accounts deactivated?	Yes or No	
Special considerations or additional notes?		

Software Security		
Description	**Response**	**Action Needed**
Do all HMIS workstations have current operating system and internet browser security?	Yes or No	Operating System (OS) Version:
Are all OS updated and installed?	Yes or No	
Are the most recent versions of internet browser(s) insta	Yes or No	
Special considerations or additional notes?		

User Authentication		
Description	**Response**	**Action Needed**
Agency abides by the HMIS Policies and Procedures?	Yes or No	
Does the Agency abide by the policies for unique usernames and password?	Yes or No	
Are users sharing usernames and passwords?	Yes or No	
Are usernames/passwords kept in public locations?	Yes or No	
Are passwords stored in the internet browser?	Yes or No	
All users have signed a receipt of compliance for staff?	Yes or No	
Special considerations or additional notes?		

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Virus Protection		
Description	**Response**	**Action Needed**
Do all computers have virus protection with automatic update?	Yes or No	
I have performed random sampling on several computers virus software and version?	Yes or No	Virus software and version:
Auto-update turned on and Date last updated?	Yes or No	Date last updated: ____/____/_____
Special considerations or additional notes?		

Firewall		
Description	**Response**	**Action Needed**
Does Agency have a firewall on the network and/or workstation(s) to protect the HMIS systems from outside intrusion?	Yes or No	Version:
Networked (multiple computer) firewall active?	Yes or No	Version:
Special considerations or additional notes?		

Hard Copy Data		
Description	**Response**	**Action Needed**
Does agency have procedures in place to protect hard copy Personal Protected Information (PPI) generated from or for the HMIS?	Yes or No	
Agency has procedures for hard copy of PPI that includes, Locked drawer/file cabinet or locked office?	Yes or No	
Procedure for client data generated from the HMIS Printed Screen shots?	Yes or No	
Procedure for client data generated from the HMIS Client Reports?	Yes or No	
Procedure for client data generated from the HMIS client data across a public network is encrypted?	Yes or No	

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Copy of above procedures are available?	Yes or No	
Agency trains all staff on hard copy procedures?	Yes or No	
Special considerations or additional notes?		

Data Disposal		
Description	**Response**	**Action Needed**
Does the Agency have policies and procedures to dispose of hard copy PPI or electronic media?	Yes or No	
Agency shreds all hardcopy PPI before disposal?	Yes or No	
Before disposal, the Agency reformats/degausses (demagnetizes) Disks, CDs, Computer hard-drives, or other media?	Yes or No	
Special considerations or additional notes?		

PPI Storage		
Description	**Response**	**Action Needed**
Does Agency dispose of PPI or remove identifiers from a client record after a specified period of time? (minimum standard: 7 yrs after PPI was last changed if record is not in current use)	Yes or No	
Does Agency have a procedure?	Yes or No	Describe procedure:
Agency uses shredder?	Yes or No	
Special considerations or additional notes?		

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Data Quality		
Description	**Response**	**Action Needed**
Does Agency run reports to validate their own data quality?	Yes or No	If yes, how often?
Completed random sampling of files to verify the hard files match the data entered into HMIS?	Yes or No	
Completed random sampling of files to assess whether all reported data have been entered into the HMIS?	Yes or No	
Does the Agency search for clients prior to entering to eliminate duplication?	Yes or No	
Is the agency using clients legal names with data entry?	Yes or No	
Are the agencies performing Annual Assessments correctly?	Yes or No	
Are the Agencies performing regular updates to capture program successes?	Yes or No	
Are the Clients being exited timely? (Keeping clients in projects longer affects their length of homelessness/stays) General Rule, ES stays less than 90 days, TH stays less than 24 months and SSO/Outreach exited after 30 days of inactivity.	Yes or No	
Timeliness of data entry?	Yes or No	
Special considerations or additional notes?		

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Reports		
Description	**Response**	**Action Needed**
Is the Agency looking at the reports generated from HMIS?	Yes or No	
Are they being used in any decision-making?	Yes or No	
Does the Agency understand how to run the reports generated from HMIS?	Yes or No	
Does the Agency understand how to read the reports generated from HMIS?	Yes or No	
Special considerations or additional notes?		

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Any additional notes, discrepancies, or recommendations?

The signature on this document implies that a best effort to identify security and data quality issues has been performed and the outcomes reported.

Audit Conducted By:

Signature: