



Advanced Behavioral Health, Inc.

Housing Stabilization Services (HSS) Web-Based Application

Statement of Rights & Responsibilities

In order to maintain safe and secure communication that is consistent with all applicable state and federal rules and regulations including those outlined in the Health Insurance Portability & Accountability Act (HIPAA), it is essential that individuals granted access to the ABH secure, Web-based HSS application understand and comply with all safeguards.

Please review the following statements and to confirm your understanding of the statements contained by signing the bottom of the form.

1. I understand that the login and password assigned to me are intended for my use only and are not to be shared or distributed to others.
2. I agree to maintain the confidentiality of client information while online by logging off the HSS application if I leave my computer unattended.
3. I understand that my employer may receive a list of the employees with current access to the HSS application, and will be informed of any suspension or termination of my access to the application.
4. I agree to notify Advanced Behavioral Health, Inc. immediately if my employment status with _____ changes, including changing locations within the same agency. I further understand that my access to the HSS application is fully conditional to my employment with this agency, *specifically for clients experiencing homelessness or housing instability.*
5. I understand that my access to the HSS online system may be suspended or terminated immediately by HSS if there is evidence of inappropriate use or distribution of the system or my login/password.

Please type or print legibly below as any difficulty reading information may lead to delays in processing your login credentials. An original signature is required.

Name (please print): _____ Phone: _____
E-mail address: _____ Fax: _____
Provider Agency: _____
Name & Address: _____
Security Question: _____
Security Answer: _____

I have read and agree to the statements listed above.

Signature: _____ Date: _____

PLEASE FAX THIS COMPLETED FORM TO (860) 471-8124.

You will receive your user ID and password via email.