

# H2H Agency Agreement Form

Complete this form to provide information required to set up or amend an agency on H2H. Completed form must be signed by a senior agency representative and returned to [H2H@sa.gov.au](mailto:H2H@sa.gov.au)

Agency Details	
Agency Name:	
Street Address: (internal H2H administration use only)	
Postal Address: (internal H2H administration use only)	
H2H Agency Contact Person: (displayed to other H2H users during referrals)	
Agency Contact email Address: (displayed to other H2H users during referrals)	
Referral email Address: (referral notifications will be sent here)	
Phone Number: (displayed to other H2H users during referrals)	

Declaration	
<p>I understand and agree that:</p> <ul style="list-style-type: none"> <li>➤ All staff accessing H2H will complete the recommended new user training package</li> <li>➤ All system access may be monitored and/or audited by the Department of Human Services at any time</li> <li>➤ The Department of Human Services operates as the data custodian for the H2H system and is responsible for management of the use, disclosure and protection of all data contained in the system.</li> <li>➤ My program will keep information on H2H confidential and secure, in line with: <ul style="list-style-type: none"> <li>○ Information Privacy Principles Instructions</li> <li>○ Information Sharing Guidelines for Promoting Safety and Wellbeing</li> <li>○ Master and service agreements between the Department of Human Services and your organisation/agency</li> </ul> </li> <li>➤ Requests for individual user access will only be submitted for staff who require access to fulfil their role e.g., to provide case management support to clients.</li> <li>➤ I will complete user removal requests within seven days if a staff member is no longer authorised to access H2H</li> <li>➤ Any breaches of H2H information will immediately be reported to the Department of Human Services</li> <li>➤ I will notify Homelessness Systems Support of any changes to my program leadership arrangements, contact details, or location, to ensure currency of information</li> <li>➤ I understand the H2H conditions for use as listed above and I will act accordingly</li> </ul>	
Signature:	Date:

Nomination of Agency Authorisers	
Please list all people who are authorised to request updates to agency details and individual user accounts on H2H (e.g. new user requests, user removals and change of details requests). If you require additional authorisers please email <a href="mailto:h2h@sa.gov.au">h2h@sa.gov.au</a>	
Name	Email Address