

HMIS Privacy Plan

Data Collection Limitation Policy

Partner agencies will only enter client information into the HMIS system that is deemed necessary to provide quality service. Partner agencies, in collaboration with the Kane County CoC, will make a determination of what qualifies as essential for services.

Partner agencies reserve the right to decline services to clients refusing to share information necessary to verify program eligibility as doing so could jeopardize the agency's status as a service provider. The agency assumes clients requesting services will agree to provide required information and commit to using or disclosing the information as described in the privacy notice or as allowed/required by law.

Client Notification

Partner Agencies must post notification advising clients of the Privacy Notice (Appendix A) at each intake desk of the agency. Clients must also be provided with the short version of the Privacy Notice (Appendix B) which advises them that they can request a copy of the full policy.

The HMIS Privacy Notice should be posted on each Partner Agency's web page. Agencies should ensure that the address does not appear in the Privacy Notice before it is posted on their website, if the address is not public knowledge.

In addition to the posted notification signs, any client who agrees to allow HMIS User access to their HMIS profile must sign a Client Authorization form. This form must be updated annually.

The agency must provide reasonable accommodations for persons with disabilities throughout the data collection process. Various versions of the Privacy Notice will be made available through the HMIS Lead.

Limitations of HMIS Use

Partner agencies will use and disclose personal information from HMIS only in the following circumstances:

- To provide or coordinate services to an individual.
- For functions related to payment or reimbursement for services.
- To carry out administrative functions including, but not limited to legal, audit, personnel, planning, oversight or management functions.
- Databases used for research, where identifying information has been removed.
- Contractual research where privacy conditions are met.
- Where a disclosure is required by law and disclosure complies with and is limited to the requirements of the law. Instances where this might occur are during a medical emergency, to report a crime against staff of the agency or a crime on agency premises, or to avert a serious threat to health or safety, including a person's attempt to harm himself or herself.

- To comply with government reporting obligations.
- In connection with a court order, warrant or other court proceeding requiring disclosure.

Client Rights to Access and Correction of Files

Any client receiving services from a Partner Agency has the following rights:

- Access to program records. Clients have the right to review their records in a program in the HMIS. A written request should be made to the HMIS Agency Administrator, who should follow-up on the request within five working days.
- Access to full records. Clients have the right to review their full record in the HMIS. They may make a written request through the HMIS Agency Administrator, who must request approval from the HMIS Lead within five working days.
- Correction of an HMIS record. A client has the right to request that his or her HMIS record is correct so that information is accurate. This ensures fairness in its use.
- Refusal. A client has a right to refuse to participate in HMIS or to provide personal information. The agency's ability to assist a client depends on the documentation of certain personal identifying information, and may decline to provide services to a client who refuses to provide this data.

Agency's Right to Refuse Inspection of an Individual Record

The Partner Agency may deny a client the right to inspect or copy his or her personal information for the following reasons:

- information is compiled in reasonable anticipation of litigation or comparable proceedings;
- information about another individual other than the Partner Agency staff would be disclosed;
- information was obtained under a promise of confidentiality other than a promise from the provider and disclosure would reveal the source of the information; or
- information reasonably likely to endanger the life or physical safety of any individual if disclosed.

Harassment

The agency reserves the right to reject repeated or harassing requests for access or correction. However, if the agency denies a client's request for access or correction, written documentation regarding the request and the reason for denial will be provided to the client. A copy of that documentation will also be included in the client record.

Note: The HMIS Privacy Plan is included in the Homeless Management Information System Procedure Manual with Kane County CoC Board approval on 9/22/17.

Notice to Public

We collect personal information directly from you for reasons that are discussed in our privacy statement. Our primary focus is to understand your needs. We may be required to collect some personal information by law or by organizations that provide funding to operate this program. Other personal information that we collect is important to run our programs, to improve the quality of services we offer, and to better coordinate services on your behalf. We only collect information that we consider to be appropriate. You may request a copy of our full Privacy Notice.

Appendix B: Short Version of Privacy Policy

Homeless Management Information System Summary of Privacy Notice

Introduction. HMIS is a computer system for data collection that was created to meet a requirement for the United States Congress. This requirement was passed in order to get a more accurate count for individuals and families who are homeless and to identify the need for various services. Many agencies use this system and share information.

Information in the HMIS System about you that we may share includes:

- 1) Basic identifying demographic data (name, address, phone number, date of birth).
- 2) The nature of your situation.
- 3) Services and referrals you receive from our agency.

Our ability to assist you depends on having certain personal identifying information. If you choose not to share information we request, we could potentially decline to provide you services as doing so could jeopardize our status as a service provider. We assume that, by requesting services from our agency, you agree to allow us to collect information and to use or disclose it as described in this notice and otherwise as allowed or required by law.

Your personal data will be used only by this agency or others to which you are referred for services.

Confidentiality Rights: Maintaining the privacy and safety of those using our services is very important to us. This agency follows all confidentiality regulations and also has its own confidentiality policy.

Your Information Rights: As a client, you have the following rights:

1. Access to your record at your request.
2. Request a correction of your record.
3. File a grievance if you feel that you have been unjustly served, put at personal risk, harmed, or your personal information was not handled correctly.

When Information Is Disclosed: The full Privacy Notice sets forth situations when your personal information might be disclosed.

Benefits of HMIS and Agency Information Sharing: Allowing us to share your real name results in a more accurate count of individuals and services used. A more accurate count is important because it can help us and other agencies to meet the needs of our clients, such as:

1. Better identify and coordinate client need for services and to demonstrate types of assistance needed in our area.
2. Obtain additional funding and resources to provide services.

3. Plan and deliver quality services to you and your family.
4. Assist the agency to improve its work.
5. Keep required statistics for state and federal funders.
6. Promote coordination of services so your needs are better met.
7. Make referrals easier by reducing paperwork.
8. Avoid having to report as much information to get assistance from other agencies.

You may keep this summary of the policy. A copy of the full privacy notice is available upon request.

Appendix C: Employee Acknowledgment

Agency Name

Employee Acknowledgment of Privacy Notice

I, _____, hereby acknowledge that I have received, read and pledge to comply with the Homeless Management Information System Privacy Notice.

Date

Name