

Chicago Homeless Management Information System (HMIS)

Privacy Packet

Table of Contents

Standard Agency Privacy Practices Notice 3

Chicago Standard HMIS Privacy Posting 6

Client Consent Form for Data Sharing..... 7

Special Notice for Persons Who May be Victims of Domestic Violence 8

Client Revocation Form..... 9

Chicago Homeless Management Information System (HMIS)

Standard Agency Privacy Practices Notice

Version 1.3, Adopted 01/14/2015

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have questions about this Notice, or need additional information, contact information is listed below:

<u>Participating Agency Information</u> [Agency Name] (“Agency”) [Address] [City, state]	<u>HMIS Lead Agency Information</u> Chicago Alliance to End Homelessness 651 W. Washington, Suite Chicago, IL 60661
---	---

Chicago Homelessness Homeless Management Information System (HMIS)

The City of Chicago has a group of private agencies and City departments working together to prevent homelessness and provide services to homeless and formerly homeless individuals and families in Chicago. This Agency is one of those agencies and when you request services from us, we enter information about you and members of your family into a computer system referred to as the Homeless Management Information System (“HMIS”).

HMIS is a software system and database used by many agencies in Chicago that provide services to persons and families in need. HMIS is administered and governed by the Chicago Planning Council on Homelessness, which is staffed by the Chicago Alliance to End Homelessness, referred to as the HMIS Lead Agency. The information collected in HMIS help this Agency improve service delivery, better understand homelessness, and evaluate the effectiveness of our services.

Your Benefits For Providing Information

The information you provide will be entered into the HMIS. Authorized individuals at this Agency will have access to your information for the uses described in this Notice. We can also use your information to more quickly help you find the services you need and to determine whether or not you are eligible for them. We use HMIS to reduce the amount of time we spend preparing reports to organizations that fund our programs, allowing us to provide more services to you.

In addition, this Agency shares information with other participating agencies that use HMIS and **your personal identifiers will be disclosed to these agencies so they can easily locate your record if you seek services from them.** Your personal identifiers are listed in the section below. **You may request that this information is not shared.**

How Your Information In HMIS May Be Used

Agencies that use HMIS share basic information (such as Name, Social Security number, Date of Birth, Gender and Veteran Status) with other participating agencies. Unless restricted by law or by the person who contributes that personal information, HMIS client information may be used or disclosed for any of the reasons set forth below. Uses involve sharing parts of HMIS client information with persons within an agency. Disclosures involve sharing parts of HMIS client information with persons or organizations outside of an agency.

Chicago Homeless Management Information System (HMIS)

- **Case Management Uses and Disclosures:** Agencies may use or disclose client information for case management purposes associated with providing or coordinating services. Unless a client requests that his/her record remain hidden, personal identifiers will be disclosed to other participating HMIS agencies so other agencies can easily locate the client's record if he/she goes to them for services. Beyond personal identifiers, each agency can only disclose other client information with other agencies if the client has provided a written client consent or another type of specific waiver.
- **Administrative Uses and Disclosures:** Agencies may use or disclose client information internally to carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions. Client information will be stored on a central citywide case management database; client information will be disclosed for system administration purposes to the Lead Agency or to service providers who work on our behalf.
- **Billing Uses and Disclosures:** Agencies may use or disclose client information for functions related to payment or reimbursement for services. An example might include generating aggregate reports for the people and organizations that fund an agency. A client's personal information may be disclosed for billing or reimbursement purposes, if required by the funder/billing agency.
- **Analytical Uses and Disclosures:** Agencies may use client information for internal analysis. An example would be analyzing client outcomes to evaluate program effectiveness. Agencies will also disclose client personal identifiers to the central system administrators for uses related to creating an unduplicated database on clients served within the system, ultimately resulting in the creation of de-identified personal information. Agencies and the HMIS lead may disclose client's information for research and purposes related to analyzing client data, including but not limited to understanding trends in homelessness and needs of persons who are homeless, and assessing the implementation of Chicago's Plan to End Homelessness. The Agency or HMIS lead must ensure that there are signed research agreements with the research entity or individual before sharing any data. Only aggregate data will appear- Name, Social Security Number and other identifying information will not appear in any publication or research report.

Agencies may always disclose HMIS client information for any of the following reasons set forth below.

- **As Required by Law:** Agencies may disclose your personal information to comply with requirements of law.
- **To Avert a Serious Threat to Health and Safety:** Agencies may disclose your personal information if any such agency believes it is necessary to prevent or lessen a serious and imminent threat to the health and safety of an individual or the public, and if that information can be disclosed to a person who is reasonably able to prevent or lessen that threat.
- **To Report Victims of Abuse, Neglect or Domestic Violence:** Agencies may disclose your information to an agency or governmental authority authorized by law to receive reports of abuse, neglect or domestic violence if any such agency believes you are a victim of abuse, neglect or domestic violence. The agency may only disclose information in this circumstance if (1) the disclosure is required by law, (2) if you agree to the disclosure, or (3) if this agency believes the disclosure is necessary to prevent serious harm.
- **For Law Enforcement Purposes:** Agencies may disclose your information to law enforcement entities only in response to appropriate legal requests. A subpoena or court order may be required, but the disclosure must meet the minimum standards necessary for the immediate purpose and not disclose other information about the individuals.

Chicago Homeless Management Information System (HMIS)

A HMIS client information record will be stored in the HMIS with personal identifiers for the period of time required by applicable law. Beyond that point, all personally identifying information will be removed and the remaining information will only be retained in a de-identified format. Unless client information is required to be shared or disclosed by applicable law, due to agency policy or as a condition of a provider agreement, you may revoke your consent to share your client information with other agencies at any time in writing, except with regard to any information this Agency has already used or disclosed in accordance with this Notice.

Your Rights Regarding Your Information In The HMIS

- You have the right to inspect and obtain a copy of your own protected personal information for as long as it is kept in the HMIS, except for information compiled in reasonable anticipation of, or for use in, a legal proceeding. You have a right to have the form and format HMS client information record any information explained to you in reasonable detail.
- You have the right to request correction of your protected personal information in the HMS client information record when the information in the record is inaccurate or incomplete. This request must be made in writing to the HMS Lead Agency. Your request must explain why your protected personal information should be amended. We will provide you with a timely response on your request.
- The Agency provides service to any person or family regardless of age, gender, religion, disability, nationality, sexual orientation, race, ethnic or cultural group, who meets program requirements. We will make every effort to communicate with you in a familiar language and use communication technology to address difficulties in hearing and sight.

Exercising Your Rights Regarding Your Information In The HMIS

You can exercise these rights by making a written request to this agency, or by making a written request to the HMIS Lead Agency. The addresses are listed at the beginning of this Notice.

Enforcement of Your Privacy Rights

If you believe your privacy rights have been violated, you may send a written complaint to this Agency. If your complaint is not resolved to your satisfaction, you may send your written complaint to the HMIS Lead Agency. Addresses are listed at the beginning of this Notice. You will not be retaliated against for filing a complaint.

This Agency is required by law to maintain the privacy of your protected personal information, and to display a copy of the most recent Standard Agency Privacy Practices Notice.

Revisions to This Notice

This Notice may be amended at any time and amendments may affect information obtained from you prior to the date of the change. An amendment will be effective to all information previously collected, unless otherwise stated. We will maintain a record of all amendments.

Chicago Standard HMIS Privacy Posting

Version 1.3, adopted 01/14/2015

HMIS Client Information System

This notice describes how this agency will use and protect the information about you that is entered into Chicago's HMIS client information system and your rights to decide how your information is shared. The policies stated in the Standard Agency Privacy Practices Notice can be amended at any time. Please read the full Standard Agency Privacy Practices Notice for more details.

Why we collect your information	<ul style="list-style-type: none">• We use the personal information to run our programs and to help us improve services.• We use the information to get a more accurate picture of individuals and families who are homeless and to identify the need for different services.	
Agency use of your information	<ul style="list-style-type: none">• Information will be entered into Chicago's HMIS computerized client information system and only certain pieces of information are shared with other agencies, unless you specifically request otherwise.• Your personal information entered into Chicago's HMIS will be shared only as permitted or required by law or as authorized by you.	
Your benefits to providing information	<ul style="list-style-type: none">• By providing your information, we may be able to reduce the amount of information we have to ask you when you receive services at another agency.• We can use your information to more quickly identify services you may need and those for which you are eligible.• We use HMIS to reduce the amount of time we spend on preparing reports to our funders allowing us to provide more services to you.	
Your rights and choices	<ul style="list-style-type: none">• You have the right to request a copy of the Standard Agency Privacy Practices Notice from this agency.• You have the right to change your mind about allowing your information to be shared with other Chicago HMIS partner agencies.• You have a right to review the personal information that we have about you. If you find mistakes you can request they be corrected.	
Contact Information	Agency Information (hereinafter "this agency") Agency Name Address City, State, Zip	HMIS Lead Agency Information: Chicago Alliance to End Homelessness 651 W. Washington, Suite 504 Chicago, Illinois 60661, Phone: 312---379---0301

Chicago Homeless Management Information System (HMIS)

Client Consent Form for Data Sharing

Version 1.3, Adopted 01/14/2015

Participating Agency

Information [Agency Name]

("Agency") [Address]

[City, state zip]

[Phone]

What are you consenting to? This Agency is a participating agency using the Homeless Management Information System ("HMIS"). HMIS participating agencies work together to provide services to persons and families in need. When you request or receive services, we may collect data about you and your household that may be shared with other HMIS participating agencies.

How will my data be used? Your information will be used for statistics, such as the number of persons that are homeless or at risk of homelessness, and to share information with other agencies that serve persons in need of assistance. The specific ways in which this agency may use or disclose your information is stated in our Standard Agency Privacy Practices Notice. You can request a copy of the Standard Agency Privacy Practices Notice at any time.

How will my data be protected? The data stored in the HMIS will be protected by passwords and encryption technology. In addition, each participating agency must sign an agreement to maintain the security and confidentiality of the information you have provided. Any person or agency that violates the agreement may have their access right terminated and may be subject to further penalties.

How do I benefit by providing the requested information and sharing it with other agencies? By sharing your information with other agencies, you may be able to avoid being screened again, receive services faster, and minimize how many times you have to tell your "story." You also help agencies document the need for services and funding, better understand homelessness, and evaluate the effectiveness of our services.

What data will be shared with other agencies that use HMIS?

The following pieces of information used for primary identification purposes can be seen by other agencies that use HMIS:

- Name
- Date of Birth
- Veteran Status
- Social Security Number
- Gender

By signing this form, I agree to share the following level of information with other HMIS participating agencies:

- I agree to share my primary identifying information (as listed above)
- I do not agree to share any of my information with other HMIS participating agencies

In addition, by signing this form, I acknowledge and agree to the following:

- The Standard Agency Privacy Practices Notice describes the ways in which the primary identifying information and other HMIS client data information may be used or disclosed.
- I have the right to revoke this consent at any time by completing a Client Revocation Form. I understand that the revocation will not be retroactive to any information that has already been used or disclosed.
- I may request a paper copy of the complete Standard Agency Privacy Practices Notice from this Agency.
- I am not giving permission to share information about the diagnosis or treatment of a mental health disorder, drug, or alcohol disorder, HIV, AIDS, or domestic violence concerns.
- I have read the information in the Standard Agency Privacy Practices Notices.

Printed Name(s) (including children)

Signature of Client or Guardian

Date

Signature of Agency Witness

Date

Chicago ServicePoint/Homeless Management Information System (HMIS)

Special Notice for Persons Who May be Victims of Domestic Violence

Version 1.3, adopted 01/14/2015

Agency Information (hereinafter “this agency”)

Name

Address

City,

State,

Zip

If you are or have been a victim of violence or abuse by:

- A member of your family (related by blood or marriage),
- A current or former member of your household,
- A current or former spouse,
- A current or former domestic or dating partner,
- A personal caregiver,

You may fear for your safety if you are found. If you have been a victim of violence or abuse, please continue reading and complete this form.

This agency is a partner in Chicago’s Homeless Management Information System (HMIS) client management information system. HMIS partner agencies work together to provide services to persons and families in need. When you request or receive services, we collect data about you and your household. **Personal identifying information such as your name, social security number, and date of birth will be put into the database.** Abusers sometimes try to track down their victims, and even look for them in computer databases.

Extensive security protections have been put into place in the HMIS database. However, no database is completely secure. If your identifying information is entered into the database, it can be seen by staff at other agencies. It may also be seen by staff of the City of Chicago and its contractors who manage the database.

If you are concerned about your safety if your abuser obtained your information, you need to make an important choice about how to best protect yourself. You can decide whether your information should be put into the database, or whether your information should be entered as anonymous. To help you make your choice, and to inform us of your choice, please read and complete the attached Notice and Consent.

**City of Chicago
Domestic Violence
Help Line**

**1-877-TO END DV
[1-877-863-6338]**

..... 1-877-863-6339 (TTY)

- Toll free, confidential, multilingual
- 24 hour referral assistance for victims of domestic violence.

Domestic violence occurs when one partner attempts to maintain **POWER** and **CONTROL** over the other through physical, emotional, sexual, psychological and economic abuse.

Chicago ServicePoint/Homeless Management Information System (HMIS)

Client Revocation Form

Version 1.3, adopted 01/14/ 2015

Agency Information (hereinafter “this agency”)

Name
Address
City, State,
zip

I hereby revoke permission for this agency to share my demographic, household and service information with other agencies that use Chicago’s Homeless Management Information System (HMIS).

I understand that the information will remain in HMIS, and will no longer be available to other partner agencies; however, information previously shared or disclosed by this agency as a result of my prior consent cannot be retracted, nor may this agency withhold information required to be shared or disclosed by law.

Name of Consumer or Guardian

Signature of Consumer or Guardian

Date

ServicePoint ID Number

Name of Agency Representative

Signature of Agency Representative

Date