



CLIENT HMIS AGREEMENT

What is the HMIS Information Network Information System?

When you request services from this Agency, we enter information about you and members of your family that are with you into a computer system called the HMIS. HMIS is used by many social services agencies in Northeast Florida that provide housing and related services.

Why is information about you collected in HMIS?

- To help us better understand the people we serve and their needs.
- To better assess your needs and the needs of others in our community, as well as what services are available to you.
- To reduce duplication of information and to help decrease the number of wrong referrals you receive.
- To monitor whether your needs, and the needs of others in our community, were actually met.
- To decrease the time you spend trying to get services and help make sure you get services you need.
- To improve the quality of care and service for homeless individuals and families.
- To determine your eligibility for additional services funded by the same source.

How can information about you be used** or disclosed without your specific written consent?

Unless restricted by other local, state, or federal laws, the information can be used by or disclosed to the following without your specific written consent:

- As required by law.
- To authorized people who work in this Agency for purposes related to providing services to you or your family, or for billing or funding purposes.
- To auditors or others who review the work of this Agency or need to review the information to provide services to this Agency;
- To the HMIS Information Network Team who run the computer system to maintain data. They may see your information in the process of fixing problems or testing systems.
- This form specifically authorizes the use of information about me in research conducted using information maintained in HMIS Information Network. I will not be personally identified by name, social security number, or any other unique characteristic in published research reports. The type of research that will be conducted using this information includes reports on the number and characteristics of people using different types of services, the effectiveness of services, and changes in patterns over time.
- To determine your eligibility for services by checking your data against other data sources, including other agencies or COCs for duplicate requests made to the same funder.

*****Other uses and disclosures of your information will be made only with your written consent. You may revoke your consent at any time in writing. (The revocation will not be effective to the extent that an entity disclosing or using the information has already acted in reliance upon it – for example, we cannot “take back” information about you that already has been used to provide services to you.***

If you allow sharing of your data on the Release of Information form – how can your information be used or verified?

If you sign the consent form, your information can be shared with other agencies that use HMIS with restrictions which you specifically indicate on the consent form. Sharing your information may help other agencies obtain information about you more quickly, help with case management and improve their services to you. If you do not want some of your information shared, you should say so on the consent form.

You also understand that we may share your information with other Continuum of Care who we may be required to share your data because of a grant or other requirement. In this case only, any data transferred to the other COC cannot be used in any manner other than aggregated data without your specific written consent. Your data will never be openly shared. It will only be transferred from one HMIS system into another HMIS system, subject to similar privacy standards.

You also agree to CHI verifying data you provide us through any legal means available to us including requesting or accessing documentation or systems that may confirm information you have provided. This may include, but not be limited to, sharing portions of the data you have provided in order to confirm or validate data you have provided us. If any data cannot be validated or verified, you will be given notice and advised of any discrepancy.

If you are a veteran, are chronically homeless or a family or youth experiencing homelessness, we may also share your information with other community partners who can provide additional services through the Community Master List. This list helps us prioritize assistance to those in the segments above.

What rights do you have regarding your information?

You have the right to inspect and obtain a copy of your own personal information that we maintain about you in the HMIS Information Network (except for information compiled in reasonable anticipation of or for use in a legal proceeding).

You also have the right to update information about you when the information in the record is inaccurate.

You have the right to receive a list of people who have viewed your protected personal data as maintained in the HMIS Information Network for the seven years prior to the date you request this information. The exception is that you do not have a right to a list of disclosures for national security or intelligence purposes or to correctional institutions or law enforcement officials or if required by law or requested for certain health oversight purposes.

You can exercise your rights as listed above by making a written request to this Agency.

If you believe that your privacy rights have been violated, you may submit a written complaint to this Agency or submit a written complaint to:

HMIS Administrator
Changing Homelessness, Inc
660 Park Street
Jacksonville, FL 32204

The HMIS Administrator will attempt to resolve your complaint. Should further review be required your complaint will be escalate to the HMIS Steering Committee to determine a voluntary resolution of the complaint.

This Agency and the HMIS Information Network are prohibited from retaliating against you for filing a complaint. This Agency and HMIS are required by law to maintain the privacy of your protected personal information and to provide you with this Notice. This Agency and HMIS are further required to abide by the terms of the Notice that is currently in effect, but the Notice may be changed periodically. The revised Notice will be posted at this Agency at all times and may be obtained by contacting this Agency in writing and asking for a copy of any new HMIS Notice.

Please note that this Notice relates only to the information entered in the HMIS Information Network and that the Agency cannot provide specific legal advice to you regarding your rights.

This Notice is effective as of the date of signature. If you have information previously stored in our HMIS system, you also agree to allow the provisions of this release to apply to any such previous data.

I acknowledge that I have received a copy of the Notice of Uses and Disclosures for HMIS Information Network.

SIGNATURE OF CLIENT OR GUARDIAN

DATE

SIGNATURE OF AGENCY WITNESS

DATE