

*Client's Copy*  
**NACH Continuum of Care  
Homeless Management Information System  
Summary of Privacy Notice**

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 different services. Many agencies use this system and share information only with your permission.

Information that you may agree to allow us to share includes:

- Basic identifying demographic data (e.g., name, address, date of birth, phone #)
- Nature of your situation
- Services and referrals you receive from our agency

Maintaining the privacy and safety of those using our services is very important to us. Your record will be shared only if you give us permission to do so. There may be risks and/or benefits for you to consider before you decide whether or not to consent to the release of information. You also have the right to request that your name be entered as “anonymous”. You cannot be denied services that you would otherwise qualify for if you choose not to share information. However, even if you choose not to share information with other agencies or have your name entered, we must still report some information to the central data collection system because of our federal and state requirements.

**Confidentiality Rights:** This agency follows all confidentiality regulations and also has its own confidentiality policy.

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

- Access to your record at your request
- Request a correction of your record
- Refuse consent to share information with other agencies
- Have your name entered as “anonymous” if there is a risk
- File a grievance if you feel that you have been unjustly served, put at personal risk or harmed, or that your personal information was not kept confidential.
- Your release will be in effect until the specified time that you have designated.
- Your release agreement can be withdrawn at any time by making a written request to this agency.

**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:

- Better show the need for services and assistance needed in our area
- Obtain more money and resources to provide services
- Plan and deliver quality services to you and your family
- Assist the agency in improving its work
- Keep required statistics for state and federal funders
- Promote coordination of services so your needs are better met
- Make referrals easier by reducing paperwork
- Avoid having to report as much information to get assistance from other agencies

**Risks in Sharing Information.** There are risks that may lead some individuals to choose to do one or more of the following:

- Allow only your name, age and social security number (optional) to be shared. All other information is kept confidential or shared with only select agencies.
- Allow some statistical or demographic information to be shared with select agencies, but do not allow other, more personal data such as health, mental health, drug/alcohol use history or domestic violence information to be shared.
- Close all information including identifying information from all sharing. Only this agency may see the information.
- Use an anonymous client ID so that no identifying information exists on the record, even within this agency.

Risks you should consider before deciding what type of information to share and whether or not to share it:

- Physical harm or other negative consequences to you or members of your family if someone knew that they could find you from the information shared.
- Physical harm or other negative consequences to you or members of your family if someone found out you sought help, particularly if you or your children have experienced domestic violence, sexual assault, stalking, or child abuse.
- There are others who may work or volunteer at other participating agencies whom you may not want to have access to your information.
- The degree to which you are satisfied by the confidentiality provisions explained about the HMIS system.

You may request a copy of the full privacy notice at any time. This is your copy.