



Butte Countywide Homeless Continuum of Care

## **Butte Countywide Homeless Continuum of Care (CoC) Homeless Management Information System (HMIS) Privacy Notice**

### **PURPOSE**

This Privacy Notice applies to all Butte Countywide Homeless Continuum of Care HMIS-Participating Agencies (Agencies) and their employees. This notice addresses how information about you (client) shall be used and disclosed by Agencies as well as rights over your information. This notice establishes minimum standards by which the Agencies must follow. Agencies may implement more stringent rules and procedures. We encourage you to read it in full.

We may use or disclose your information to provide you with services, and to comply with legal and other obligations. We assume that, by requesting services from an HMIS participating agency, you agree to allow them to collect information and to use or disclose it as described in this notice and as otherwise required by law. If you have any questions about this Privacy Notice, you may contact either your service provider, or the Butte Countywide Continuum of Care at; 205 Mira Loma Drive, Suite 50, Oroville, CA 95965, (530) 552-6200, [HMIShelp@buttecounty.net](mailto:HMIShelp@buttecounty.net)

### **CHANGES TO THIS NOTICE**

We reserve the right to revise or amend the terms of this Privacy Notice, and to retroactively apply any changes to our policies and procedures regarding your information. This notice is not a legal contract. If this notice is amended, a copy of the revised notice will be available upon request and posted on HMIS Participating agency websites.

### **WE ARE LEGALLY REQUIRED TO**

Keep your information confidential, upon request provide you a copy of this notice of our legal duties and privacy practices with respect to your information, and to comply with this notice.

### **WHY WE COLLECT YOUR INFORMATION**

A Homeless Management Information System (HMIS) is a local information technology system used to collect data on housing and services provided to persons experiencing or at risk of homelessness. This information is critical to better understand the extent and nature of homelessness at a local level, evaluate program effectiveness, and improve future housing and service provision. We also use HMIS to provide and coordinate services you receive, and to carry out administrative functions related to those services, such as payment or reimbursement for services. We produce statistical information related to those who access services and report this information through various means.

We collect information about the persons we serve in the shared HMIS (HMIS) database. The agency shall only collect information deemed appropriate and necessary for program operation or information that is required by law or by the organizations that fund this program.

Our community uses Clarity (the local HMIS software) to keep computerized case records. The information we collect and share includes: basic identifying demographic data such as name, date of birth, age, gender, race, ethnicity, veteran status, and partial SSN (“Standard Information”); the nature of your situation, enrollment and assessment information, and the services and referrals you receive from this agency. This information is known as your Protected Personal Information (PPI).

Information is shared amongst Agencies, with the exception of Protected Service Providers. These protected agencies serve specific client populations, such as domestic abuse, sexual abuse, HIV/AIDS, alcohol and/or substance abuse, and mental health, and do not share client information about those issues.

### **BENEFITS OF INFORMATION COLLECTION AND SHARING**

Information provided by you plays an important role in the ability of the CoC and local homeless service providers to continue providing the programs, services, and referrals that are appropriate for you. Information shared with other agencies also helps us develop new and more efficient programs. This allows us to:

1. Better demonstrate the need for services and the specific types of assistance needed in our community.
2. Make appropriate services available to meet community needs.
3. Plan, improve, and deliver quality services.
4. Keep required statistics for state and federal funders, like HUD.

### **CONSENT**

You have the right to indicate that you do not want your Standard Information to be shared. In general, services will not be denied should you choose not to share your information. Written consent to share your data in HMIS should be obtained at your first in-person meeting with an HMIS Participating Agency.

Verbal consent to share your PII may only be obtained if the interaction meets the following criteria:

- The visit is not in person or not in a place conducive to paper signature.
- Agency staff read and complete the Informed Consent indicating the client gave verbal consent.

Other uses and disclosures of your information not covered by this Notice or the laws that apply will be made only with your written authorization. If you provide us authorization to disclose your information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your information for the reasons covered by the authorization, except, we are unable to take back any disclosures we have already made when the authorization was in effect, and we are required to retain our records of the services that we provided to you.

### **CONFIDENTIALITY RIGHTS**

Every person and agency that is authorized to read or enter information into HMIS has been trained on client confidentiality policies and has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further State and federal legal and/or criminal penalties and liabilities.

### PERMITTED USES AND DISCLOSURES

HMIS is designed to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data, including PPI/PII once collected, we have obligations regarding how data may be used and disclosed (**uses** are internal activities for which providers interact with your PPI/PII; **disclosures** occur when providers share PPI/PII with an external entity). **We may use and disclose your PPI/PII only for the following purposes:**

- (1) To allow you to access to your information; and
- (2) To provide or coordinate services to an individual or household;
- (3) Disclosures for oversight of compliance with HMIS privacy and security standards.
- (4) For functions related to payment or reimbursement for services;
- (5) To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions;
- (6) For creating de-identified reporting from PII;

**Service Collaboration:** We understand telling your story to every agency you work with can be traumatizing. Therefore, may use and disclose your information so you do not have to provide information (tell your story) more than once. This can also help avoid duplication of services and referrals that you are already receiving.

**Housing:** We create a record of your information, including any housing services you receive from our partner agencies. Participating agencies may use or disclose your information to other personnel who are involved in providing services for you. For example, a housing navigator may need to know disability information to provide appropriate housing resources. Your service team may also share your information in order to coordinate the different things you need, such as referrals and services.

Participating agencies may use and disclose your information to other participating HMIS agencies as allow by law. We also may use and disclose your information in order to recommend service options or alternatives that may be of interest to you or assist you in obtaining and maintaining housing. Additionally, we may use and disclose your information to tell you about, and connect you to health-related benefits or services that may be of assistance to you. For example, Medi-Cal eligibility or Social Security benefits. You have the right to refuse this information.

### USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

We may use or disclose your PPI/PII for other reasons, even without your permission. Subject to applicable federal or state law, we are permitted to disclose your PPI/PII without your permission for the following purposes:

**Research:** Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may involve comparing local services provided to the services of other communities. Before the use or disclosure of information for research purposes the project, is subject to a special approval process. This process evaluates the proposed research project and its use of information, while balancing the research needs with clients' need for privacy of their information.

Additionally, only aggregate or de-identified information about you may be disclosed to people conducting research.

**As Required by Law:** We will use and disclose information when required by federal or state law or regulation.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Public Health Activities:** We may disclose your information for public health activities such as to report the abuse or neglect of children, elders, and dependent adults.

**Law Enforcement:** We may disclose your information to law enforcement under the following circumstances:

- In response to a Court order, warrant, subpoena, summons or similar legal process;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at any of our facilities;
- In emergency circumstances; or
- In cases of Abuse, Neglect, or Domestic Violence.
  - If we believe you have been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Oversight Activities:** We may disclose your information to an oversight agency, such as the Department of Housing and Urban Development (HUD) or the State of California, for activities authorized by or required by law. These oversight activities are necessary to monitor service programs, and to comply with civil rights laws.

HMIS Providers must also ensure that **any use or disclosure does not violate other applicable local, state, or federal laws**. Therefore, some HMIS Providers **may have more restrictive privacy policies**, often dependent upon funding source or the nature of a project. Specific, per-project information regarding data use and disclosure can be obtained upon request. This can include agencies that must comply with the Health Insurance Portability and Accountability Act (HIPAA), Violence Against Women Act (VAWA). In these instances, the more restrictive policies take precedence.

In addition, the company that provides our local HMIS may access PPI, for the purposed of aggregating PPI with the data of other individuals stored in HMIS for the creation and maintenance of client records.

When we prepare reports and statistical information or disclose information from HMIS to other parties for research or evaluation purposes, we de-identify the information before we disclose it. “De-identifying” information refers to the process in which all personal protected information (PPI) and personal identifying information (PII) are removed from data so information related to programs and services cannot be used directly or indirectly to identify you or any other individual.

Maintaining the privacy and safety of persons accessing our services is of the utmost importance to us. We believe information gathered from you is personal and private. We collect information only when appropriate to provide services, manage our organization, or as required by law.

## YOUR RIGHTS REGARDING INFORMATION ABOUT YOU

The CoC recognizes every independent legal adult (person age 18 and up) as the owner of all information about themselves, and any parent, legal guardian, or legal power of attorney as the designated owner of all information about any household members under their guardianship (all minors and any incapacitated/disabled adults).

By seeking assistance from this HMIS Provider and consenting to your personal information being shared within the HMIS, you transfer governance responsibility of your HMIS record to us. We are responsible for handling your record in accordance with HMIS privacy policies and any applicable federal, state, or local requirements. You retain ownership of your information within your HMIS record, and as owner you have the following rights, in general:

- You have the right to see your information, request to change it, and have a copy of your information from the servicing agency by written request. You may also request assistance from this agency in documenting your history of homelessness to qualify for certain programs. An agency can refuse to change information but must provide you with a written explanation of the refusal within five (5) days of the request.
- Any information you provide related to race, color, religion, sex, national origin, disability, familial status, and actual or perceived sexual orientation, gender identity, or marital status will not be used in any way that would discriminate against you or prevent you from receiving services or housing assistance. You have the right to file a complaint if you feel that you have been discriminated against.
- You may request that a provider mark your personal data as private (not shared) within HMIS.
- You may withdraw your consent to share at any time in writing. However, any information already shared with another agency cannot be taken back. Your request to discontinue sharing will have to be coordinated between sharing partners. You must inform each agency you work with when you withdraw your consent.
- The confidentiality of your records is protected by law. This agency will never give information about you to anyone outside the agency without your specific written consent through this release or as required by law (The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CRF, Parts 160 & 164) and applicable California laws.

You should expect to provide additional, prior written consent for any use or disclosure of HMIS PII not included in the permitted uses and disclosures above.

**Right to Inspect and Obtain Copies and to Request an Amendment:** With certain exceptions, you have the right to review and obtain copies of your HMIS record or request your record be amended. You must submit a request, in writing, to the service provider where you received services. Your request will become a part of your record. We will respond to your request within five (5) business days.

**Agency's Right to Refuse Inspection of an Individual Record:** The CoC and service providers may deny your request to inspect, copy, or amend your PPI/PII, and must document those reasons in their response to your request. Reasons can include:

- (1) The information is compiled in reasonable anticipation of litigation or comparable proceedings;
- (2) Information about another individual, other than our staff, would be disclosed;
- (3) Information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the source of the information; or
- (4) The disclosure of information would be reasonably likely to endanger the life or physical safety of any individual.
- (5) Harassment. We reserve the right to reject repeated or harassing requests for access or correction to your HMIS record.

**If Your Request is Denied:** You will be provided written documentation regarding your request and the reason for denial. A copy of all documentation related to your request will also be recorded and saved in your program record. You may appeal this decision and request the CoC review the denial. Regardless of the outcome of the appeal, you have the right to add to your program record a statement of disagreement.

**Grievance:** You have the right to be heard if you feel that your confidentiality rights have been violated, if you have been denied access to your HMIS records, or if you believe you have been put at personal risk, or harmed. The CoC has established a formal grievance process for you to use in such a circumstance. To file a complaint or grievance, contact us at:

The Butte Countywide Continuum of Care  
205 Mira Loma Drive, Suite 50  
Oroville, CA 95965  
(530) 552-6200  
[HMIShelp@buttecounty.net](mailto:HMIShelp@buttecounty.net)

**Right to Request Confidential Communications:** You have the right to request we communicate with you about appointments or other matters related to your service in a specific way or at a specific location. For example, you can ask that we only contact you at work, or by mail at a post office box. To request confidential communications, you must make your request in writing to your case manager at the agency providing you services or the person in charge of your services. Your request must specify how or where you wish to be contacted.

#### **OTHER RIGHTS**

**Right to Refuse:** In certain circumstances, the ability to provide some services depends on having certain PPI and therefore, we may have to decline or delay providing you with services if you do not disclose the information needed for those services.

**To File a Complaint with the Lead Agency:** You have the right to file a complaint if you believe staff has not complied with the practices outlined in this Notice. All complaints must be submitted in writing. You will not be penalized in any way for filing a complaint. You may file a complaint with the Butte Countywide Homeless Continuum of Care Coordinator. Contact the Butte Countywide Continuum of Care, 205 Mira Loma Drive, Suite 50, Oroville, CA 95965, in writing, or call (530) 552-6200, or email [ButteCoC@buttecounty.net](mailto:ButteCoC@buttecounty.net).

**ACKNOWLEDGEMENT OF RECEIPT**

By signing this form, you acknowledge you have been provided with a copy of the Butte Countywide Homeless Continuum of Care’s Privacy Notice. If you have any questions about our Privacy Notice, please contact: Butte Countywide Continuum of Care, 205 Mira Loma Drive, Suite 50, Oroville, CA 95965, in writing, or call (530) 552-6200, or email [HMIShelp@buttecounty.net](mailto:HMIShelp@buttecounty.net).

I acknowledge receipt of the e Butte Countywide Homeless Continuum of Care’s Privacy Notice.

Client Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_  
(Print)

Client Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(Sign)

**AGENCY PROVIDING COPY OF NOTICE**

Agency Name:  
Agency Address:  
Agency Phone:

Staff Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print)

**INABILITY TO OBTAIN ACKNOWLEDGEMENT:** If it is not possible to obtain the client’s acknowledgement, describe the good faith efforts made to obtain the client’s acknowledgement, and the reasons why the acknowledgement was not obtained:

**TO BE COMPLETED ONLY IF NO SIGNATURE IS OBTAINED**

\_\_\_\_\_  
Staff Member’s Signature                      Staff Name and Title Printed                      Date