

HMIS Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

Center of Concern and the Northeast Illinois Homeless Management Information System (HMIS)

When you request services from Center of Concern, information about you and members of your family is entered into a computer system called HMIS, or Homeless Management Information System. HMIS is a project of the Alliance to End Homelessness in Suburban Cook County (Alliance) in partnership with many organizations in northeast Illinois that provide homeless, health care, medical, and social services to persons and families in need. The information collected in HMIS will help us coordinate and provide better service, document the need for additional services, and generate reports such as the number of persons who are homeless or at risk of homelessness in northeast Illinois.

How your information in the HMIS may be used

Unless restricted by law, the information can be used by:

- Authorized people who work in Center of Concern, HMIS partner organizations for administrative purposes related to providing and coordinating services to you or your family, or for billing or funding purposes.
- Auditors or others who review the work of Center of Concern or need to review the information to provide services to Center of Concern.
- The HMIS system administrator(s), the Alliance and its designees, and the HMIS developer (WellSky) for administrative purposes (for example, to assist Center of Concern by checking for data errors and identifying your potential eligibility for services).
- Individuals performing academic research who have signed a research agreement with Center of Concern or the Alliance. Your name, social security number or other identifying information may be used to match records but will not be used directly in the research unless you sign a separate consent.
- Center of Concern or the Alliance may use your information to create aggregate data that has your identifying information removed. Also, Center of Concern may disclose to a third-party aggregate data so that the third party can create data that does not include any of your identifying information.
- Government or social services agencies that are authorized to receive reports of homelessness, abuse, neglect or domestic violence, when such reports are required by law or standards of ethical conduct.
- A coroner or medical examiner or funeral director to carry out their duties.
- Authorized federal officials for the conduct of certain national security or certain activities associated with the protection of certain officials.
- Law enforcement officials, but the disclosure must meet the minimum standards necessary for the immediate purpose and not disclose information about other individuals. A court order or search warrant may be required.
- Others, to the extent that the law requires a specific use or disclosure of information. Information may be released to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; if the disclosure is made to a person or persons reasonably able to prevent or lessen the threat or harm, including the target of a threat.

Other uses and sharing of your information will be made only with your written consent.

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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 the right to request a correction of your protected personal information when the information in the record is inaccurate or incomplete.
- You have a right to request that your personal information be provided to you by alternative means, (such as by mail or telephone), or at alternative locations (such as at your home or place of work). Center of Concern will accommodate reasonable requests.
- You have the right to receive a list of disclosures of protected personal information made by Center of Concern or the Alliance during the six years prior to the date you request this information, except for disclosures for national security or intelligence purposes or to correctional institutions or law enforcement officials. If a law enforcement official or health oversight agency requests that we temporarily suspend giving you an accounting of disclosures made to them, the request must be time-limited and given to us in writing.
- You may request a list of current HMIS partner organizations from Center of Concern or the Alliance, or review the current list at <http://www.suburbancook.org>. The Alliance may add new HMIS partner organizations to this list at any time.

Exercising your rights regarding your information in the HMIS

You can exercise these rights by making a written request to Center of Concern, or by making a written request to the Alliance. The addresses are listed at the end of this Notice.

Enforcement of your privacy rights

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

Center of Concern is required by law to maintain the privacy of your protected personal information, and to display a copy of the most recent Notice. Center of Concern reserves the right to change the Notice from time to time, and if it does, the change will affect all of the information in the HMIS, not just the information entered after the change. The revised Notice will be posted in Center of Concern. You may request a copy of it from Center of Concern or the Alliance.

Addresses

Center of Concern
1665 Elk Blvd
Des Plaines, IL 60016

Alliance to End Homelessness in Suburban Cook County
4415 Harrison Street, Suite 228
Hillside, IL 60162

If you have any questions about this Notice or need further information, you may request it from:
Director of Information Services at the Alliance (708) 236-3261

Client Consent to Release Information

Center of Concern is a partner in the Northeast Illinois Homeless Management Information System (HMIS). HMIS is a project of the Alliance to End Homelessness in Suburban Cook County (Alliance) in partnership with organizations in northeast Illinois that support or provide homeless, health care, medical, or social services to persons and families in need. When you request or receive services, Center of Concern collects information about you and members of your household that may be shared with other HMIS partner organizations. You may request a current list of participating HMIS partner organizations from Center of Concern or review the current list at <http://www.suburbancook.org>. The Alliance may add new HMIS partner organizations to the list and share your information with them based on the sharing preferences you choose below.

How do I benefit by providing the requested information and sharing it with other organizations?

By sharing your information with other partner organizations, you will help them identify other services or programs you may be eligible for and better coordinate services for you and your household.

How will my information be protected?

Your information is entered into a computer program that is protected by passwords and encryption technology. Each partner organization must sign an agreement to maintain the security and confidentiality of your information. Any person or partner organization that violates the agreement will have their HMIS access terminated and may be subject to further penalties.

How will my information be used?

- **Regardless of which option you choose below**, your information may be used for statistics and research, such as reports on the number of persons that are homeless or at risk of homelessness. This helps to document the need for services and obtain funding necessary to better serve homeless persons. Your name, social security number or other identifying information may be used to match records but will not be used directly in the research unless you sign a separate consent. Your information may be used by the Alliance and its designees for administrative purposes (for example, to assist us by checking for data errors and identifying your potential eligibility for services).
- **Additionally, I choose to share the following level of information with other HMIS partner organizations (select one):**
 - Profile Plus:** My Primary Identifying Information including Name, Date of Birth, Social Security Number (or ITIN), Illinois Recipient Identification Number, Gender, and Veteran Status, as well as General Client Information such as Ethnicity/Race, Residence Information, Household Relationships, Housing Status, Income, Assessment Date, information on Services provided, and intake photo (if applicable).
 - Profile Only:** Only my Primary Identifying Information including Name, Date of Birth, Social Security Number (or ITIN), Illinois Recipient Identification Number, Gender, Veteran Status, Household Relationships, Housing Status, and intake photo (if applicable).
 - I do not agree to share any of my information with any HMIS partner organizations other than [Agency Name or the Agencies listed above].

Client Consent to Release Information

I UNDERSTAND THAT:

- This consent form expires in [three (3)] years, meaning that any information collected after that time will require an updated consent form before that information will be shared.
- I have the right to revoke this consent at any time by writing to Center of Concern. However, the revocation will not be retroactive to any information that has already been shared.
- Center of Concern will not share information about the diagnosis or treatment of any specific medical condition, a mental health disorder, drug or alcohol disorder, HIV, AIDS, or domestic violence concerns with other HMIS partner organizations without my consent.
- The specific ways in which Center of Concern may use or share my information are stated in its Notice of Privacy Practices, which is posted [specific Agency location and web site URL], and I may request a paper copy. The terms of this Notice may change, and I may obtain a revised copy of the Notice from Center of Concern.
- I have read or Center of Concern has summarized the information in the Notice of Privacy Practices.

Printed Name(s) (including minor children)

Signature of Consumer or Guardian

Date

Signature of Agency
Witness

Date