

Effective May 19, 2019

## HMIS PRIVACY NOTICE & CLIENT CONSENT FORM

This agency participates in the Homeless Management Information System (HMIS) for Cincinnati/Hamilton County Continuum of Care, the local community of homelessness services agencies.

### **What is the Cincinnati/Hamilton County HMIS?**

The Homeless Management Information System (HMIS) is a computerized data collection system designed to collect client information about the characteristics and service needs of individuals and households experiencing homelessness. Strategies to End Homelessness (STEH) is the HMIS Lead Agency as defined by HUD. Clarity Human Services is the HMIS application used by the Cincinnati/Hamilton County Continuum of Care (CoC).

### **What is the benefit for clients who participate in HMIS?**

Clients are encouraged, but not required, to participate in HMIS to help:

- Provide quality services to you
- Increase access to housing
- Improve access to services
- Decrease need to share personal information when accessing multiple services within the system
- Contribute to aggregate data used to improve the homeless service system

Types of identifying data collected, if you are willing to give it, could include name, address, zip code, phone number, date of birth, social security number, your family status, the nature of your situation and the types of services you receive from an agency, project entry and/or exit date, and unique personal identification number (HMIS Unique Identifier).

Reasons data is collected, used and/or disclosed by the agency and/or CoC:

- To Provide services to you
- For functions related to funding for services
- For administrative purposes, planning and personnel decisions
- To research and better understand homelessness in the community
- To provide a government required count(s) of people receiving services by HMIS participating agencies
- Meet requirements of funders such as the U.S. Department of Housing and Urban Development (HUD)
- Develop and improve programs to work towards ending homelessness in our community

**How is the information used?**

- All information entered into the HMIS is protected and secured to protect your privacy.
- Only agency staff members, database administrators, or auditors who have signed a confidentiality agreement will be allowed to see, enter, or use the information entered into the HMIS.
- Based on your needs, your HMIS information may be shared to coordinate referrals for housing and services or to coordinate services such as food, utility assistance, counseling, etc.
- Information that does not identify you may be used for research in order to increase housing options and improve services.

**Your rights:**

- You have the right to refuse to participate in HMIS.
- You have the right to see your information in the HMIS, ask for changes, or ask for a printed copy upon request.
- Identifying Information stored in the HMIS will not be given to anyone outside the system without written consent, except as required by law through a court order or in the event of a public health emergency.
- Only information deemed necessary/appropriate to meet goals above will be collected.

**By signing this form, you authorize** this agency and Strategies to End Homelessness to share basic data about yourself and your household (if applicable). You understand that if you refuse to sign this consent you will not lose or be denied any benefits or services. This consent will expire in 7 years.

You can revoke this consent at any time by returning a completed Revocation of Consent form, available at any HMIS participating agency and online at the Strategies to End Homelessness website, <https://www.strategiestoendhomelessness.org/what-we-do/data/hmis-transition/>. You can return the form to any participating agency or email it to [HMISsupport@end-homelessness.org](mailto:HMISsupport@end-homelessness.org). If you have any questions or you feel your information has been misused in any way you can contact the Cincinnati / Hamilton County HMIS Support team at 513-263-2780.

Signature:

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Client Signature

Date

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Printed Name

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Agency Witness

Date