<table>
<thead>
<tr>
<th><strong>HMIS Privacy Documents</strong></th>
<th><strong>Document Title and related Policy Info</strong></th>
<th><strong>Date Revised</strong></th>
<th><strong>Notes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HMIS_Agency_Privacy_Notice_10-22-2019</strong></td>
<td>A written notice of the assumed functions of the HMIS must be posted and available to each client so they are aware of the potential use of his/her information and where it is stored. No consent is required for the functions articulated in the notice. However, as part of the notification process, clients must be informed of their right to designate his/her client record as hidden/closed. This client also has a right to view a copy of his/her record upon request. If the agency has a website, the adopted Notice of Privacy Practices or equivalent privacy notice must also be posted on the website.</td>
<td>10/22/2019</td>
<td>This is the Alliance Notice of Privacy Practice. The only allowed changes to this form are that you <strong>must</strong> add your agency’s name, logo and contact information. You may either adopt this HMIS Notice of Privacy Practices or you may develop an equivalent Privacy Notice that incorporates all of the content of the Alliance’s Notice.</td>
</tr>
<tr>
<td><strong>HMIS Client Consent Form 10-22-2019</strong></td>
<td>At the initial intake, the Client should be provided an oral explanation and written documentation about the option of sharing his/her Information within the Alliance HMIS. If a client is interested in sharing his/her information within the HMIS, he/she must provide written consent. The consent must be specific regarding: ➔ purpose, ➔ the expiration of the sharing, ➔ affected data elements, ➔ function, and ➔ involved parties.</td>
<td>10/22/2019</td>
<td>This is a general release that does not include the option to share protected information such as mental health, alcohol/substance abuse, HIV/AIDS, and domestic violence information. If you want to use this document, you will need to add your agency’s information in the header of the document. You may instead create your own form so long as it is consistent with the data your agency will be collecting/sharing and incorporates the content of the Alliance’s form.</td>
</tr>
<tr>
<td><strong>Client_Revocation_Form 02-05-2014</strong></td>
<td>The client maintains a right to revoke written authorization at any time, however, revocation of data sharing will not be retroactive to any information that has already been released.</td>
<td>02/05/2014</td>
<td>These are sample documents. You are required to have some form of each of these. You may create your own form so long as it incorporates the content of the Alliance’s form.</td>
</tr>
<tr>
<td><strong>Domestic Violence Notice 02-05-2014</strong></td>
<td>A mainstream agency that is serving a victim of domestic violence must explain the potential safety risks for domestic violence victims and the client’s specific options to protect her/his data, such as designating her/his record as hidden/closed to other agencies. Thus, the client notification form must clearly state the potential safety risks for domestic violence victims and delineate the information sharing options.</td>
<td>02/05/2014</td>
<td></td>
</tr>
<tr>
<td><strong>Privacy Sample Sign 02-05-2014</strong></td>
<td>Agencies must post a sign in the areas of client intake that explains generally the reasons for collecting personal information.</td>
<td>02/05/2014</td>
<td></td>
</tr>
<tr>
<td><strong>User Code_of_Ethics_02-05-2014</strong></td>
<td>Prior to being granted a username and password, users must sign an HMIS confidentiality agreement that acknowledges receipt of a copy of the agency’s privacy notice and the <strong>HMIS Policies and Procedures Manual</strong>, and that pledges to comply with the privacy notice.</td>
<td>02/05/2014</td>
<td>Users must read and initial each box. Their Supervisor should be the witness and a copy must be kept either in their personnel file or the Agency’s HMIS File.</td>
</tr>
</tbody>
</table>
THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

Making Homelessness History and the Northeast Illinois Homeless Management Information System (HMIS)

When you request services from Making Homelessness History, 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 Making Homelessness History, 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 Making Homelessness History or need to review the information to provide services to Making Homelessness History.

▪ The HMIS system administrator(s), the Alliance and its designees, and the HMIS developer (WellSky) for administrative purposes (for example, to assist Making Homelessness History by checking for data errors and identifying your potential eligibility for services).

▪ Individuals performing academic research who have signed a research agreement with Making Homelessness History 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.

▪ Making Homelessness History or the Alliance may use your information to create aggregate data that has your identifying information removed. Also, Making Homelessness History 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
HMIS Notice of Privacy Practices

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.

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). Making Homelessness History will accommodate reasonable requests.
- You have the right to receive a list of disclosures of protected personal information made by Making Homelessness History 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 Making Homelessness History 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 Making Homelessness History, 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 Making Homelessness History. 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.

Making Homelessness History is required by law to maintain the privacy of your protected personal information, and to display a copy of the most recent Notice. Making Homelessness History 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 Making Homelessness History. You may request a copy of it from Making Homelessness History or the Alliance.

Addresses

Making Homelessness History  
54321 Engage Blvd.  
Ending it Now, IL 60100

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

Making Homelessness History 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, Making Homelessness History 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 Making Homelessness History 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 Making Homelessness History.

Page 1 of 2
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 Making Homelessness History. However, the revocation will not be retroactive to any information that has already been shared.

▪ Making Homelessness History 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 Making Homelessness History may use or share my information are stated in its Notice of Privacy Practices, which is posted www.suburbancook.org/privacy, 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 Making Homelessness History.

▪ I have read or Making Homelessness History 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
I hereby revoke permission for this Partner Agency to share my personal and household information in the Homeless Management Information System (HMIS), a project of the Alliance to End Homelessness in Suburban Cook County.

I understand that the information will remain in the HMIS, and revocation of data sharing will not be retroactive to any information that has already been released.

Name of Consumer or Guardian
(Please Print)  Signature of Consumer or Guardian  Date

Service Point ID Number

Name of Agency Representative  Signature of Agency Representative  Date
IMPORTANT: Prior to entering any information in the HMIS database regarding any person who is seeking assistance from any homeless service provider, this Special Notice must be distributed and explained to that person.

Special Notice for Persons Who May Be Victims of Domestic Violence, Dating Violence, Sexual Assault, and Stalking

If you are, or have been, a victim of violence or abuse by:

- a member of your family (related by blood or marriage)
- a current or former member of your household
- a current or former spouse
- a current or former domestic or dating partner
- a personal caregiver
- anyone else

You may fear for your safety if you are found.

Our agency enters information about the people we serve into a database system for suburban Cook County, the Homeless Management Information System (HMIS). Personally identifying information, such as your name, social security number, and date of birth, will be put into this database.

Abusers sometimes try to track down their victims, and may even try to look for information about them in computer databases.

Extensive security protections have been put into place with regard to the HMIS database; however, no database or information system is completely secure.

If personally identifying information about you is entered into the HMIS database, the staff of this agency will have access to that information, as will the staff of other participating public agencies if you go to those agencies for services.

Staff members of the Alliance to End Homelessness in Suburban Cook County and those of any contractors who manage the HMIS database may also have access to that information.

If you are concerned about your safety should the abuser in question gain access to personal information about you, you need to make an important choice about how to best protect yourself. You must decide whether personal information about you should be entered into the HMIS database. To help you make your choice, and to inform us of your choice, please read and complete the attached Notice and Consent.

Domestic Violence Notice 02-05-2014
# Alliance HMIS Client Information System

This notice describes how This Agency will use and protect the information about you that is entered into the Alliance HMIS client information system and your rights to decide how your information is shared.

| Agency use of your information |  
|-------------------------------|---
| • Information in the Alliance HMIS is used to improve services to clients like you.  
| • Information will be entered into the Alliance HMIS computerized client information system unless you specifically request to not have it entered. **If you are a victim of domestic violence**, dating violence, sexual assault, or stalking, you may want to consider not having your data entered into the HMIS.  
| • Your personal information that is in the Alliance HMIS will be shared with other Alliance HMIS partner agencies unless you say it cannot be.  
| • You will receive the same services whether or not you allow your personal information to be shared with other members of the Alliance HMIS.  
| • Your personal information that is in the Alliance HMIS will be shared only as required by law. |

| Your rights and choices |  
|-------------------------|---
| • You have the right to request a copy of the Notice of Privacy Practices.  
| • You have the right to decide what personal information can be shared about you in the Alliance HMIS and who it can be shared with.  
| • You have the right to change your mind about what personal information about you the Alliance HMIS can share and who they can share it with. You must notify this agency in writing if you change your mind.  
| • You have the right to refuse to provide personal information or to stop this agency from sharing your personal information with other agencies in the Alliance HMIS. |

| Contact information |  
|---------------------|---
| **Making Homelessness History**  
1234 Sample Street  
Anywhere, IL 00000 | **Alliance HMIS System Administrator**  
Alliance to End Homelessness  
4415 Harrison Street, Suite 228  
Hillside, IL 60162  
708-236-3261  
www.suburbancook.org |
USER POLICY
Partner Agencies who use the Alliance to End Homelessness in Suburban Cook County Homeless Management Information System (HMIS) and each User within any Partner Agency is bound by various restrictions regarding Protected Personal Information ("PPI"). The employee, contractor, or volunteer whose name appears above is the User.

It is a Client's decision about what level of information is to be shared with any Partner Agencies. If your agency is covered by HIPAA or 42 CFR Part 2 (federally-defined treatment facility), it is also Client's decision about whether this Agency or the ALLIANCE may use information for research purposes, unless certain other approvals have been obtained.

The HMIS Client Consent Form shall be signed by the Client before any PPI is designated for sharing with any Partner Agencies, or, in the case of HIPAA and 42 CFR covered entities, authorized for research use (unless certain other approvals have been obtained), or in the case of the Homelessness Prevention Call Center, verbal consent shall be obtained as described in the HMIS Policies and Procedures Manual. The User shall ensure that prior to obtaining Client's consent, the agency's HMIS Notice of Privacy Practices was fully reviewed with Client in a manner to ensure that Client fully understood the information.

USER PRINCIPLES
A User ID and Password gives you access to the ALLIANCE HMIS. You must initial each item below to indicate your understanding and acceptance of the proper use of your ID and password. Failure to uphold the confidentiality standards set forth below is grounds for your immediate termination from the HMIS.

(Initial each line below)

| I understand that I have an obligation to maintain Client privacy and to protect and safeguard the confidentiality of Client's PPI. PPI shall include, but not be limited to, the Client's name, address, telephone number, social security number, type of medical care provided, medical condition or diagnosis, veteran status, employment information, and any and all other information relating to the Client's programming. |
| My User ID and Password are for my use only and must not be shared with anyone, including my supervisor(s). I must take all reasonable means to keep my Password physically secure. |
| I understand that the only individuals who can view information in the HMIS are authorized users who need the information for legitimate business purposes of this Agency and the Clients to whom the information pertains. |
| I may only view, obtain, disclose, or use information within the HMIS that is necessary to perform my job. |
| If I am logged into the HMIS and must leave the work area where the computer is located, I must logoff before leaving the work area. |
| Any hard copies of PPI printed from the HMIS must be kept in a secure file, and destroyed when no longer needed, in accordance with Agency's records retention policy. I will not leave hard copies of PPI in public view on my desk, or on a photocopier, printer, or fax machine. |
| I will not discuss PPI with anyone in a public area. |
| I have reviewed the Agency's HMIS Notice of Privacy Practices and the HMIS Policies and Procedures Manual, understand each of those documents, and agree to abide by them. |
| If I notice or suspect a security breach, I must immediately notify the Executive Director of the Agency and the HMIS System Administrator at info@suburbancook.org. |
| I understand that any violation of this Agreement may also be considered a violation of my employment relationship with this Agency, and could result in disciplinary action, up to and including termination of my employment or affiliation with Agency, as well as potential personal civil and criminal legal fines and penalties. |

This Form may not be amended except by the ALLIANCE. Proposals for amendments may be sent to info@suburbancook.org.
USER CODE OF ETHICS

A. Users must be prepared to answer Client questions regarding the HMIS.

B. Users must respect Client preferences with regard to the sharing of PPI within the HMIS. Users must accurately record Client's preferences by making the proper designations as to sharing of PPI and/or any restrictions on the sharing of PPI.

C. Users must allow Client to change his or her information sharing preferences at the Client's request (i.e., to revoke consent) (except if that policy is over-ridden by Agency policy or if the information is required to be shared as a condition of a provider agreement).

D. Users must not decline services to a Client or potential Client if that person refuses to share his or her personal information with other service providers via the HMIS (except if that policy is over-ridden by Agency policy or if the information is required to be shared as a condition of a provider agreement).

E. The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.

F. Users will not solicit from or enter information about Clients into the HMIS unless the information is required for a legitimate business purpose such as to provide services to the Client.

G. Users will not include profanity or offensive language in the HMIS; nor will Users use the HMIS database for any violation of any law, to defraud any entity or conduct any illegal activity.

PASSWORD PROCEDURES

By signing this Agreement, you agree to the following:

Passwords are your responsibility and you may not share passwords. They should be securely stored and inaccessible to other persons—including your supervisor(s). Passwords should never be stored or displayed in any publicly accessible location and should not be transmitted electronically without the Alliance permission.

USER GRIEVANCE PROCEDURE

If you have a grievance with this Code of Ethics, you may send a written complaint to this Agency. If your complaint is not resolved to your satisfaction, you may send your written complaint to: The Alliance to End Homelessness in Suburban Cook County, 4415 Harrison St, Suite 228, Hillside, IL 60162, Attn: HMIS System Administrator.

I understand and agree to comply with the above User Policy, User Principles, User Code of Ethics, Password Procedures, and User Grievance Procedure.

___________________________________________  ______________________________
HMIS User Signature     Date

HMIS User Login
(Username)
___________________________________________  ______________________________
Email Address
___________________________________________  ______________________________
Witness Signature      Dates

This Form may not be amended except by the ALLIANCE. Proposals for amendments may be sent to info@suburbancook.org.