

**Three County Continuum of Care**

**HMIS Data Agreement & Provider Release**

**Organization: [Agency Name]**

**We’re here to help!**

This document explains why we collect and share personal information. It also includes information about confidentiality, and information about requesting a copy of our privacy and grievance policies. This document also includes our request for your authorization to allow other housing and shelter providers in the CoC access to certain personal information.

**Our policies**

* This organization has an **HMIS Privacy Policy** and an **HMIS Grievance Policy**.
* The HMIS grievance policy describes what you can do if you have a complaint about how your personal information is used.
* The HMIS privacy policy describes this organization’s privacy policies and practices pertaining to personal information.
* You may request a copy of these policies as well as a copy of this HMIS Data Agreement & Provider Release.

# We collect and share certain personal information for five reasons-

# Coordinated entry system participation– to help you find housing, work, and other types of assistance

# Reporting to Funders – allows us to meet the requirements of state and federal agencies who fund us

# Assess and improve our services

# Streamlining access to services across multiple providers

# Maintaining and improving data systems

**Confidentiality**

* Providers using HMIS are required to have privacy and security procedures in place regarding the protection and sharing of client data.
* Staff utilizing the HMIS system or Data Warehouse have been specifically trained to protect privacy when accessing personal information.
* This includes not entering information into HMIS or sharing information without authorization. If you suspect that information has been entered in HMIS or shared without your consent, please contact the agency’s Privacy & Security Officer, **[ENTER NAME AND CONTACT INFORMATION HERE]** or the Three County CoC directly at **threecountycoc@communityaction.us.**

**Authorization**

# I authorize [AGENCY NAME] to enter information about me and members of my household under the age of 18 with other providers in the HMIS in an identified manner. Please indicate YES or NO.

# Identifiable Data Entered in Database

# My information may be entered electronically in HMIS and/or the Three County CoC Data Warehouse in an identified manner. This includes my name, social security number, and date of birth. It also includes other basic information, like demographics. I understand that I may have access to a more limited pool of resources and some services may be unavailable if I don’t share personal information with this agency. If I do not agree, my name and date of birth and Social Security Number will be coded and my data will not be shared with other providers.

# YES NO

# I authorize [AGENCY NAME] to share information about me and members of my household under the age of 18 with other providers in the HMIS for these reasons. Please indicate YES or NO.

# Sharing data with other providers

# My information may be shared electronically in HMIS and/or the Three County CoC Data Warehouse. This includes my name, social security number, and date of birth. It also includes other basic information, like demographics. I understand that services cannot be withheld if I don’t agree to share information with other providers but that sharing information may improve services and reduce the amount of data I need to share with each provider. (*Please note- if you choose to be entered in the HMIS in a coded manner, your data will not be shared with other providers by default.)*

# YES NO

# Coordinated Entry System - Please mark or initial the authorization you choose.

# Identified Coordinated Entry to Housing

# My case management and Coordinated Assessment information may be shared, verbally or in writing, with providers participating in the Three County Coordinated Entry System. Participating providers, also called Coordinated Entry (CE) partners, are listed at: <https://www.communityaction.us/threecountycoc>

# Anonymous Coordinated Entry to Housing (I understand that there may be additional information I need to disclose to a housing provider before moving in after being identified for a housing opportunity through the Coordinated Entry System.)

# My case management and Coordinated Assessment information may be shared without my name and birthdate (“de-identified”) with providers participating in the Three County Coordinated Entry System.

# ADDITIONAL COORDINATED ENTRY DISCLOSURES:

# I hereby agree to the discussion of the following information among Coordinated Entry (CE) partners in order to better facilitate a permanent housing search:

# (Please initial if you would like to disclose your status to CE partners- You have the option to not disclose this information to CE partners and still be prioritized by disclosing this additional information during intake or to a case manager. You also have the option to disclose HIV/AIDS status directly to A Positive Place, the HIV/AIDS Care Organization connected with Cooley Dickinson Hospital, at 413-586-8288.)

#  HIV/AIDS Status\_\_\_\_\_\_\_\_\_ Alcohol/Drug Treatment\_\_\_\_\_\_\_\_\_\_

 ***I UNDERSTAND HOW DECLINING TO DISCLOSE ANY INFORMATION LIMITS MY HOUSING, TREATMENT, AND BENEFIT OPTIONS***

I understand that how I fill out this form **will not** affect my access to basic shelter services. I also understand that if I do not consent I will only receive services that do not require specific information, in order to determine eligibility. Please let us know if you have any questions about the services which you may be eligible for through this provider. I understand that I may withdraw my permission to share information at any time, by submitting a written request to this provider, but the changes will not apply to information that has already been used or disclosed. I understand that I have the right to obtain and review a copy of my record and to receive a list of providers that have access to my information, by contacting this organization or the Three County CoC at threecountycoc@communityaction.us.

**This authorization is good until I withdraw it in writing.**

|  |  |  |
| --- | --- | --- |
| Your Name (print) |  | Signature |
| Parent/Guardian Name (if applicable) |  | Parent/Guardian Signature |
| Witness name |  | Signature |
| Date |

# Additional Information

**What is HMIS?**

The HMIS, or Homeless Management Information System, is a database used by most housing and shelter programs dedicated to serving individuals and families experiencing homelessness. The HMIS is used to collect and store information about the people who are participating in their services or being housed through their programs. The design of this database and the data collection requirements for programs required to use it are dictated by the federal Department of Housing and Urban Development (HUD). The data collected will change over time because HUD makes updates to HMIS every other years. The HMIS utilized by the Three County Continuum of Care (CoC) is administered by Community Action Pioneer Valley.

# Reasons for collecting and sharing personal information:

# Coordinated Entry for access to housing – to help you find housing, work, and other types of assistance

We share information with other providers, verbally or in writing, when we are helping you find housing and other desired services. We ask you to complete a Coordinated Entry assessment which also might be shared. This helps to determine eligibility and prioritization for the different permanent housing programs within the Three County CoC. Participation in the coordinated entry system is optional.

# Reporting to Funders – allows us to meet the requirements of state and federal agencies who fund us

We enter your information into HMIS (Homeless Management Information System) and/or the Three County CoC Data Warehouse. We use these databases to produce summary and aggregate data reports to funders. We also use them to help coordinate your services by sharing among providers within the Continuum of Care. These reports are provided to the Massachusetts state Department of Housing and Community Development (DHCD), regional service providers, and the Massachusetts state Executive Office of Health and Human Services (EOHHS). These organizations never report on your individual data to anyone. They only report “summary” or “aggregate” data.

# Assess and improve our services

In addition to sharing with funders, data is used to identify areas of improvement in our services and understand regional demographics. At times we create our own custom reports but do not share them with funders. We also receive requests for data on homelessness to support grant applications and research, and we fulfill those requests with “summary” data that does not contain any identifiable information or with de-identified data. The state of Massachusetts also operates a data warehouse which is used to track and assess efforts to end homelessness across the state. The Three County CoC shares client information in this warehouse and data can be shared with outside researchers through an official request process. There is an additional release of information for this state warehouse which is currently being finalized.

# Streamlining access to services across multiple providers

Sharing your information with other providers may streamline access to services and reduce the amount of data you need to share with other providers in the future. For example, when you begin working with a new provider, they may already have access to the basic information you shared and you may not need to provide that information again unless you’d like to make a change. (You can choose to share your information only with the provider you provide information directly. See the “Sharing data with other providers” checkbox.) Some personal information such as name, SSN, date of birth, and basic demographics will be accessible to other providers within the HMIS. However, other providers will not see this data unless they have a reason to access your record, such as when one or more providers are working together to provide housing and services or if you begin work with a new provider. Depending on the provider, the fact that you worked with them may be visible.

# Maintaining and improving data systems

Your HMIS data is electronically shared with Bitfocus, Inc., who developed and maintains the HMIS software and with Green River, who developed and maintains the Three County CoC Data Warehouse.

*Information with an asterisk\* is accessible across providers- please let us know if you don’t want to share these details across providers*

**Personal data collected includes:**

**Personal Information:**

* Name\*
* Date of Birth (DOB)\*
* Social Security Number (SSN)\*
* Gender\*
* Ethnicity\*
* Race\*
* Veteran Status\*
* Disabling Condition
* Recent homeless history

**For housing programs & youth programs, data collection includes:**

* Work and income information
* Education information
* Housing history
* Health information
* Sexual orientation (optional)
* Sex and labor trafficking (optional)
* Formerly a ward of Child Welfare/Foster Care Agency
* Formerly a ward of Juvenile Justice System
* Family Critical Issues such as family unemployment, incarcerated parent(s), insufficient family income, family alcohol or substance abuse

**Housing information:**

* Residence Prior to Project Entry
* Housing Status at Entry
* Destination at Exit

**Health and Wellness (optional for emergency shelters):**

* Physical Disability
* Developmental Disability
* Chronic Health Condition
* HIV/AIDS
* Mental Health
* Substance Abuse
* Domestic Violence Survivor Status
* Pregnancy Status (optional)