

**CLIENT PRIVACY NOTICE & RELEASE OF INFORMATION AUTHORIZATION**

*For IHFA Homeless Management Information System (HMIS).*

**Privacy Notice**

(Service Provider Name) \_\_\_\_\_ is an affiliated Service Provider<sup>1</sup> in the Idaho Homeless Management Information System (HMIS). The HMIS lead agency, Idaho Housing and Finance Association (IHFA), administers HMIS, which is a shared homeless and housing information system. HMIS exists in order to aid Continuums of Care in complying with federal program requirements, improving the services and programs made available to individuals (including families), coordinating and evaluating necessary services, and to generate reports that will help communities and care continuums understand the complete extent and impact of homelessness.

The State of Idaho's HMIS uses the latest and most sophisticated network security systems available to ensure your confidentiality. The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared. Every person and service provider that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to have violated their agreement may have their access rights terminated, and may be subject to further federal, state, and/or local penalties.

Any information you provide **will not** be disclosed to any unaffiliated Third Party<sup>2</sup> unless authorized by you or required by law. Any information you provide **will not** be disclosed to affiliated Service Providers<sup>1</sup> unless you indicate otherwise. Please read the following statements (or ask to have them read to you), and make sure you have had an opportunity to have your questions answered.

1. Information you provide **will** be entered into Idaho's HMIS;
2. Information may be used for reporting, research or functions related to payment or reimbursement of services;
3. Information you provide **will** help improve and coordinate services that can be offered you;
4. Information you provide concerning physical or mental health problems **will not** be shared with anyone other than the HMIS System Administrator, the COC System Administrator, or this Service Provider, unless authorized by you.
5. Protected Personal Information<sup>3</sup> **will not** be disclosed to any Third Party<sup>2</sup>, unless authorized by you;
6. Protected Personal Information<sup>3</sup> **will not** be disclosed to any State or Federal Agency except as required by law or to avoid a serious threat to health or safety;
7. Failure to provide the requested information may limit the Service Provider's ability to provide services or refer you to other necessary services;
8. If you revoke your authorization, all information about you already in the Idaho HMIS system will remain, but will become invisible to all affiliated service providers as of the revocation date;
9. You are entitled to a copy of this notice, if requested;

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<sup>1</sup> All entities that have similar agreements to access the HMIS system as administered by IHFA, including IHFA, COC System Administrators, and HUD.

<sup>2</sup> Any entity or individual other than your Service Provider, the HMIS System Administrator, or COC System Administrator, as called for under the HMIS System Administrator Program.

<sup>3</sup> Protected Personal Information: Information about an individual that is of a private nature and neither available to the general public nor obtained from a public record. Protected Personal Information includes without limitation a Client's name, Social Security Number and such personal identifying information.

<sup>4</sup> Note: The file server, which will contain all Client information, including encrypted identifying Client information, will be co-located at Bowman Systems L.L.C., a Medware Company, offices at 333 Texas St #300 Shreveport, LA 71101. Access to this system by the company is for technical assistance only, in addition the HMIS System Administrator at IHFA shall have access for administrative and reporting purposes.

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- 10. You have a right to a printed copy of your data contained in the Idaho HMIS database. You have the right to submit a request to correct your information if the record is inaccurate or incomplete;
- 11. You have the right to file a grievance if you believe your privacy rights have been violated.

As you receive services, your file will be updated. This information **will** be collected so that the U.S. Department of Housing and Urban Development, U.S. Department of Veteran Affairs, U.S. Department of Health and Human Services, Idaho HMIS, Idaho Housing and Finance Association, Continuum of Care, and the affiliated Service Providers can:

- 1. Monitor program effectiveness;
- 2. Assist in coordinating service delivery systems;
- 3. Improve the quality of care and services for homeless individuals and families; and
- 4. Prepare internal reports and statistical information with Protected Personal Information<sup>3</sup>.
- 5. Prepare public reports and statistical information without Protected Personal Information<sup>3</sup>.

**RELEASE OF INFORMATION AUTHORIZATION**

You will not be denied services for which you are otherwise eligible if you refuse to consent to the sharing of your information with other affiliated Service Providers<sup>1</sup>. If you have safety concerns please talk to a staff member.

**PLEASE CHECK ONE OF THE FOLLOWING DISCLOSURE STATEMENTS:**

**This Service Provider may share information in the HMIS network system with other affiliated Service Providers<sup>1</sup>. This authorization constitutes a release of information that is valid for six (6) years unless I provide written notice to this Service Provider terminating this authorization.**

**OR**

**This Service Provider may enter my Protected Personal Information<sup>3</sup> into HMIS, but must not share any Protected Personal Information<sup>3</sup> about me with any Service Provider or other affiliated or unaffiliated third party other than the HMIS System Administrator, COC System Administrator, or this Service Provider.**

Client Name (First, Middle, Last): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Service Provider Personnel: \_\_\_\_\_ Date: \_\_\_\_\_