HMIS ID Number:	
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Maricopa Regional Continuum of Care HMIS Release of Information

The Maricopa Regional Continuum of Care authorizes agencies to utilize a common and shared data system called the Homeless Management Information System (HMIS) in order to work together to provide services for those experiencing homelessness. The benefit of sharing your client information is that it will allow us to assist in planning for and providing services to you, the client. This information will be shared among agencies to provide coordination and delivery of your services. Know that all information entered into these databases is protected by passwords, encrypted technology, or other means. Steps are taken to safeguard the information that is entered into the system but no system is infallible.

Provider agencies work together and share detailed information about their clients through databases that track your services. Any provider agency using these systems requires all database users to sign an agreement to keep your information confidential and use it only for program purposes. You are not required to give permission that your information be shared in order to receive services. There are many benefits to sharing your personal information with other providers. We may be able to provide you with more housing options and placement in housing may be quicker if we can coordinate with other agencies. In addition, it will save you from having to repeat information to multiple service providers when accessing services. In addition to benefits of sharing information, there are risks. The risks include that some sensitive information about the diagnosis or treatment of a mental health disorder, drug, or alcohol disorder, HIV, AIDS, or domestic violence concerns may be shared to connect you with appropriate services.

The following data elements will be shared:

- Personal identifying information such as: name, Social Security Number, and date of birth
- Demographic information such as: race, ethnicity, and gender
- Information about you that may help in locating housing resources such as veteran status or whether you or a member of your family has a disabling condition.
- Information about your history of housing and homelessness such as where you have been living and where we can reach you.
- Information about services you have received through other homeless providers.

Additional client information will be shared only with certain agencies to assist in coordinating services. Attached is a list of data elements that will be shared as well as which agencies will be sharing information.

HMIS ID	Number:	
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Other agencies may join the HMIS collaboration in the future. Signing this ROI allows for sharing of data not only with current agencies but agencies that may join in the future. An updated list can be found at www.hmisaz.org

By signing this form, I acknowledge and agree to the following:

- I have received a copy of The Privacy Notice, which describes the ways in which the primary identifying information, and other client data information may be used or disclosed.
- I have the right to ask questions about this form and anything that I do not understand around data sharing.
- I have the right to opt-out of having information shared with other participating agencies and still receive services from that agency. I am still eligible for services if I do not consent to data sharing but it may limit the coordination available.
- I have the right to change my consent to share.
 - If I later **agree to share**, all information previously not shared will now be available to all agencies using HMIS.
 - If I later **decide not to share**, I understand that the data previously entered will still be available to agencies it was originally shared with. New information collected by this agency will not be shared.

Maricopa Regional CoC Privacy Notice

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. What This Notice Covers

- 1. This notice describes the privacy policy and practices of [Name of Agency]. Our main office is at [Address, web address, telephone contact information.]
- 2. If this agency operates programs which are covered by HIPAA laws, additional privacy information will be provided and supersedes information in this Privacy Notice.
- Our agency and many others participate in the Maricopa Regional Continuum of Care (CoC). The CoC
 promotes and funds communitywide goals and programs to end homelessness and utilizes data to
 make informed decisions.
- 4. The Maricopa Regional CoC has approved the use of various data systems for the collection and sharing of personal information including a computer system called a Homeless Management Information System (HMIS). The CoC may approve additional data systems for community use in the future.
- 5. When a person requests or receives services from this agency or other agencies participating in the CoC, information about them and members of their household will be entered into these computer systems. These computer systems will be used by multiple agencies.
- 6. The policy and practices in this notice cover the processing of Protected Personal Information (PPI) of this and other agencies utilizing the approved data systems of the CoC. All personal information that the agencies maintain, not just the information entered into the data system, is covered by the policy and practices described in this notice. This policy covers only the programs within the agency that participate in HMIS.
- 7. Protected Personal Information (PPI) is any information we maintain about a client that:
 - a. allows identification of an individual directly or indirectly
 - b. can be manipulated by a reasonably foreseeable method to identify a specific individual, or
 - c. can be linked with other available information to identify a specific client. When this notice refers to personal information, it means PPI.
- 8. We adopted this policy to provide accurate information about how your data may be used and to comply with the privacy standards for Homeless Management Information Systems (HMIS) and all CoC approved databases. We intend this policy and practices to be consistent with the standards of 69 Federal Register 45888 (July 30, 2004).
- 9. This notice tells our clients, our staff, and others (such as our funders, the CoC and other social services providers) how we process personal information. We follow the policy and practices described in this notice.
- 10. We may amend this notice and change our policy or practices at any time. Amendments may affect personal information that we obtained before the effective date of the amendment. All amendments are approved by the CoC Board. Current information about the CoC Board can be found at the MAG website www.azmag.gov/Committees/.

- 11. We give a written copy of this privacy notice to any individual who asks. We maintain a copy of this Privacy Notice on the HMIS website: www.HMISAZ.org.
- 12. The HMIS is administered by Crisis Response Network. Their office is at 1275 West Washington Street, Suite 108, Phoenix, AZ, 85281. Their website is www.HMISAZ.org. You can contact the system administrator at 602-908-3605.
- 13. The agency to contact regarding the CoC is the Maricopa Association of Governments located at 302 N. 1st Avenue, Phoenix, AZ 82003. Their phone number is 602-254-6300.

B. How and Why We Collect Protected Personal Information

- 1. We collect personal information only when appropriate to provide services or for another specific purpose of our agency or when required by law.
- 2. We may collect personal information for these purposes:
 - a. To provide or coordinate services to clients
 - b. To locate other programs that may be able to assist clients
 - c. To verify information given to us by clients
 - d. For functions related to payment or reimbursement from other services that we provide
 - e. To operate our agency, including administrative functions such as legal, audits, personnel, oversight, and management functions
 - f. To comply with reporting obligations
 - g. To improve services on a system level
 - h. When required by law
- 3. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services, and to better understand the needs of individuals in the community. We only collect information necessary to coordinate and deliver services.
- 4. We only use lawful and fair means to collect personal information.
- 5. We collect personal information with your knowledge and consent. If you seek our assistance and provide us with personal information, we verify your consent to the collection and processing of that information as described in this notice.
- 6. We may also get personal information, with your consent, from:
 - a. Individuals who are you have identified as part of your household
 - b. Individuals who you have identified as assisting you
 - c. Individuals or organizations you provide for verification of information or references
 - d. Information already collected about you by other agencies that are part of the HMIS
 - e. Other private organizations in the CoC
 - f. Government agencies and their data systems including Regional Behavioral Health Authority
 - g. Public records including internet searches, telephone directories and other published sources
- 7. We post a sign at our intake desk or other location explaining the reasons we ask for personal information. The sign gives our agency's contact information and the location of this privacy notice.

C. How We Use and Disclose Protected Personal Information

- We use or disclose PPI for activities described in this part of the notice. We <u>may or may not</u> make any of these uses or disclosures with your information. We share client records with other agencies that may have separate privacy policies and that may allow different uses and disclosures of the information.
- 2. All participating agencies of the CoC share personal client information. The information that is shared with participating agencies may include all information you have provided or has been obtained with your consent. The list of these agencies and the information shared is subject to change. You will be asked to sign a Release of Information to disclose your PPI upon consent. Release of Information document provides specific details of how your information will be shared in the CoC data systems.
- 3. Agencies use and disclose data pertinent to the services and data collection requirements. Each agency must execute a partnership agreement with the administrator of the data system outlining proper use of the system. All users of the system are required to abide by a code of ethics.
- 4. You have the right to opt-out of having information shared with other participating agencies and still receive services from that agency. If you opt-out of sharing your information, your information will remain in the data system(s) and be subject to the other disclosures in this privacy notice, but the information will not be available to the other participating agencies. If you opt-out of sharing your information, that decision may change what additional resources or agencies are available to you.
- 5. By signing the Release of Information, you consent to the use or disclosure of your PPI for the purposes described here:
 - a. to provide or coordinate services
 - b. for functions related to payment or reimbursement for services
 - c. to carry out administrative functions such as legal, audits, personnel, oversight, and management functions
 - d. to create de-identified (anonymous) information that can be used for research and statistical purposes
 - e. when required by law to the extent that use or disclosure complies with and is limited to the requirements of the law
 - f. to avert a serious threat to health or safety if
 - (1) we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, and
 - (2) the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat
 - g. to report about an individual we reasonably believe to be a victim of abuse, neglect or domestic violence to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence
 - (1) under any of these circumstances:
 - (a) where the disclosure is required by law and the disclosure complies with and is limited to the requirements of the law
 - (b) if the individual agrees to the disclosure, or
 - (c) to the extent that the disclosure is expressly authorized by statute or regulation, and

- (I) we believe the disclosure is necessary to prevent serious harm to the individual or other potential victims, or
- (II) if the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PPI for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.
- (2) when we make a permitted disclosure about a victim of abuse, neglect or domestic violence, we will promptly inform the individual who is the victim that a disclosure has been or will be made, except if:
 - (a) we, in the exercise of professional judgment, believe informing the individual would place the individual at risk of serious harm, or
 - (b) we would be informing a personal representative (such as a family member or friend), and we reasonably believe the personal representative is responsible for the abuse, neglect or other injury, and that informing the personal representative would not be in the best interests of the individual as we determine in the exercise of professional judgment.
- h. for academic research purposes
 - (1) conducted by an individual or institution that has a formal relationship with this agency if the research is conducted either:
 - (a) by an individual employed by or affiliated with the organization for use in a research project conducted under a written research agreement approved in writing by a designated agency program administrator (other than the individual conducting the research), or
 - (b) by an institution for use in a research project conducted under a written research agreement approved in writing by a designated agency program administrator.
 - (2) any written research agreement:
 - (a) must establish rules and limitations for the processing and security of PPI in the course of the research
 - (b) must provide for the return or proper disposal of all PPI at the conclusion of the research
 - (c) must restrict additional use or disclosure of PPI, except where required by law
 - (d) must require that the recipient of data formally agree to comply with all terms and conditions of the agreement, and
 - (e) is not a substitute for approval (if appropriate) of a research project by an Institutional Review Board, Privacy Board or other applicable human subjects protection institution.
- to a law enforcement official for a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:
 - (1) in response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena
 - (2) if the law enforcement official makes a written request for PPI that:
 - (a) is signed by a supervisory official of the law enforcement agency seeking the PPI
 - (b) states that the information is relevant and material to a legitimate law enforcement investigation

- (c) identifies the PPI sought
- (d) is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought, and
- (e) states that de-identified information could not be used to accomplish the purpose of the disclosure.
- (3) if we believe in good faith that the PPI constitutes evidence of criminal conduct that occurred on our premises
- (4) in response to an oral request for the purpose of identifying or locating a suspect, fugitive, material witness or missing person and the PPI disclosed consists only of name, address, date of birth, place of birth, Social Security Number, and distinguishing physical characteristics, or
- (5) the official is an authorized federal official seeking PPI for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879 (threats against the President and others), and the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.
- j. to comply with reporting obligations
- k. to the administrators, vendors and contractors of the CoC approved data systems
- 6. Before we disclose your personal information that is not described here, we seek your consent.

D. <u>How to Inspect and Correct Protected Personal Information</u>

- 1. You may inspect and have a copy of your PPI that we maintain. We will offer to explain any information that you may not understand.
- 2. We will consider a request from you for correction of inaccurate or incomplete personal information that we maintain about you. If we agree that the information is inaccurate or incomplete, we may delete it or we may choose to mark it as inaccurate or incomplete and to supplement it with additional or corrected information.
- 3. To inspect, get a copy of, or ask for correction of your information, ask a program staff member how to obtain this information.
- 4. We may deny your request for inspection or copying of personal information if:
 - a. the information was compiled in reasonable anticipation of litigation or comparable proceedings
 - b. the information is about another individual (other than a health care provider or homeless provider)
 - the information was obtained under a promise or confidentiality (other than a promise from a health care provider or homeless provider) and if the disclosure would reveal the source of the information, or
 - d. disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.
- 5. If we deny a request for access or correction, we will explain the reason for the denial. We will also include, as part of the personal information that we maintain, documentation of the request and the reason for the denial.
- 6. We may reject repeated or harassing requests for access or correction.

E. Data Quality

- 1. We seek to maintain only personal information that is accurate, complete, and timely.
- 2. We will dispose of personal information and remove personal identifiers not in current use seven years after the information was created or last changed
- 3. We may keep information for a longer period if required to do so by statute, regulation, contract, or other requirement.

F. Complaints and Accountability

- 1. If you would like to submit a complaint regarding HMIS, you may contact the Crisis Response Network Compliance Department to initiate a formal investigation. To do so, please call 844-852-4287 or email CRNcompliance@crisisnetwork.org.
- 2. All members of our staff (including employees, volunteers, affiliates, contractors and associates) with access to personal information are required to comply with this privacy notice. Each staff member must receive and acknowledge receipt of a copy of this privacy notice.
- 3. Questions or complaints pertaining to the agency serving you should follow the agency's grievance procedure. Questions or complaints that are broader than the services of a single agency or the use of a single data system can be directed to the CoC. If you are unsure where to go, you may go to any agency listed below and we will help you determine the best person to speak with.

[AGENCY CONTACT INFORMATION]

HMIS System Administrator: Crisis Response Network 1275 West Washington Street, Suite 108, Phoenix, AZ, 85281. www.HMISAZ.org. 602-908-3605.

Continuum of Care Information: Maricopa Association of Governments

302 N. 1st Avenue Phoenix, AZ 82003 <u>www.azmag.gov</u> 602-254-6300

G. Change History:

- 1. April, 2016 Adopted HUD's baseline privacy notice and approved by the CoC Board.
- 2. May, 2018 Minor revisions to update contact information and grammar.



Maricopa Regional Continuum of Care Participating Agencies

The Maricopa Regional Continuum of Care has participating agencies throughout the county of Maricopa. The following agencies currently participate in the HMIS and may potentially share data throughout the system. New agencies participating to the HMIS will be added to this list.

Agency	City	Website	
A New Leaf	Mesa	http://www.turnanewleaf.org	
Andre House of Arizona, Inc	Phoenix	http://www.andrehouse.org	
Arizona Behavioral Health Corporation	Phoenix	http://www.azabc.org	
Arizona Department of Economic Security	Phoenix	https://des.az.gov/	
Arizona Housing Inc	Phoenix	http://www.azhousinginc.org/	
AZCEND	Chandler	http://azcend.org	
Basic Mission	Laveen	None	
Catholic Charities Community Services	Phoenix	http://www.catholiccharitiesaz.org	
Central Arizona Shelter Services	Phoenix	http://www.cassaz.org	
Chicanos por la Causa	Phoenix	http://www.cplc.org	
Circle the City	Phoenix	http://www.circlethecity.org	
City of Chandler	Chandler	https://www.chandleraz.gov/	
City of Glendale	Glendale	https://www.glendaleaz.com/	
City of Phoenix	Phoenix	https://www.phoenix.gov	
City of Tempe	Tempe	https://www.tempe.gov/	
Community Bridges	Mesa	http://communitybridgesaz.org	
Elaine	Phoenix	https://elaineaz.org/	
Family Promise of Greater Phoenix	Scottsdale	http://www.familypromiseaz.org	
Florence Crittenton Services of Arizona	Phoenix	http://www.florencecrittentonofaz.org	
Helping Families In Need	Tolleson	http://www.hfinaz.com	
HOM Inc.	Phoenix	https://www.hominc.com/	
Homeless ID Project	Phoenix	http://www.azhomeless.org	
Homeless Youth Connection	Avondale	http://www.hycaz.org	
Homeward Bound	Phoenix	http://www.homewardboundaz.org	
House of Refuge	Mesa	http://www.houseofrefuge.org	
Human Services Campus	Phoenix	http://www.hsc-az.org/	
La Frontera Arizona	Tucson	http://www.lafronteraaz.org	
Labor's Community Service Agency	Phoenix	http://www.lcsaphx.org	
Lodestar Day Resource Center, Inc	Phoenix	http://www.lodestardrc.org	
Lutheran Social Services of the Southwest	Phoenix	http://www.lss-sw.org	



Maggie's Place	Phoenix	http://www.maggiesplace.org	
Marc Community Resources, Inc.	Mesa	http://www.marccr.com	
Maricopa Association of Governments	Phoenix	http://www.azmag.gov	
Native American Connections, Inc	Phoenix	http://www.nativeconnections.org	
One N Ten	Phoenix	http://www.onenten.org	
Phoenix Rescue Mission	Phoenix	http://www.phoenixrescuemission.org	
Phoenix Shanti Group	Phoenix	http://www.shantiaz.org	
Phoenix VA Health Care System	Phoenix	http://www.phoenix.va.gov	
Project Veteran's Pride	Glendale	http://pvpjwh.org/	
RI International	Phoenix	http://riinternational.com	
Save the Family Foundation of Arizona	Mesa	http://www.savethefamily.org	
Society of Saint Vincent de Paul Diocese of Phoenix	Phoenix	http://www.stvincentdepaul.net	
Southwest Behavioral & Health Services	Phoenix	http://www.sbhservices.org	
Streetlight USA	Peoria	http://www.streetlightusa.org	
Tempe Community Action Agency, Inc	Tempe	http://www.tempeaction.org	
The Respite Shelter	Phoenix	http://respiteshelter.org	
The Salvation Army Phoenix Social Services	Phoenix	http://www.salvationarmysouthwest.org	
The Salvation Army Tempe Corps	Tempe	http://www.salvationarmytempecorps.org	
UMOM New Day Centers	Phoenix	http://www.umom.org	
US Vets	Phoenix	http://www.usvetsinc.org/phoenix	

Maricopa Regional Continuum of Care Data Collection

Household Relationships Zip Code of Last Address

Agencies participating in the Maricopa Regional Continuum of Care are asked to collect some client data in order to provide services and assist in the housing of clients. The following data is collected by all participating agencies. Data collected by one agency may possibly be shared with other agencies in the HMIS.

Identifying Information	Demographic Information	Homeless History	Service & Housing Information
Name	Race	Reason Homeless	Program/Housing Participation
Social Security Number	Ethnicity	Times Homeless	Start & End Date
Veteran Status	Gender	Dates of Homelessness	City Housed
Date of Birth	Disabilities	Type of Prior Residence	Date Housed
AHCCCS ID Number		City of Prior Residence	
Photo			-