MIAMI-DADE COUNTY
HOMELESS TRUST

HMIS Notice of Uses & Disclosures

Notice must be provided to and signed by every person in your household who is 17 years old or older.

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. IF YOU HAVE ANY QUESTIONS OR DESIRE ANY FURTHER INFORMATION REGARDING THIS FORM, PLEASE CONTACT MIAMI-DADE COUNTY HOMELESS TRUST AT 305-375-1490.

What is the Miami-Dade Continuum of Care Homeless Management Information System?

The Miami-Dade County Continuum of Care (CoC) is administered by the Miami-Dade County Homeless Trust (the "Homeless Trust") and local agencies provide housing and services ("providers"). When you request services through the CoC, information about you and members of your family that are with you is entered into a computer system called the Homeless Management Information System ("HMIS"), which is managed by the Homeless Trust. Such information is used by the Homeless Trust and local providers participating in the CoC to better organize and deliver housing and services to Miami-Dade County individuals and families who are homeless, formerly homeless or at-risk of homelessness. Providers and the Homeless Trust share and utilize information about you and members of your family under an HMIS Participation Agreement (hereafter parties to the HMIS Participation Agreement referred to as "HMIS-Participating Providers").

Why is information about you collected in HMIS?

Our goal is to work together to end homelessness. Information you provide plays a critical role, allowing the CoC:

- To better assess and address your housing and services needs.
- To decrease the time you spend trying to get housing and/or services that you need.
- To reduce duplication of information related to persons served by the CoC.
- To track program outcomes and improve the quality of housing and services provided through the CoC.
- To help us prioritize, plan, and provide meaningful housing and/or services for you and others in the community who experience homelessness or housing instability.
- Provide statistics for resource allocation and goal setting by local, state and federal policy-makes as well in support of research.
- To accomplish any and all purposes deemed appropriate by the CoC.

How your information about you be used or disclosed without your specific written consent?**

Unless restricted by other local, state, or federal laws, your information entered into HMIS can be disclosed for the purposes, activities and/or to persons described below without your specific written consent:

- To provide or coordinate services to individuals and their family members if any;
- For functions related to payment or reimbursement for services;
- To carry out administrative functions such as legal, audits, personnel, oversight and management functions;
- To create reports that will not include any identify information, such as your name, social security number, or any other unique characteristic;
- The HMIS system administrator or designee and the HMIS developer and other individuals involved in maintaining the HMIS who may see the information for administrative purposes (for example, to check data errors, fix problems or test systems).
- To comply with government reporting obligations for HMIS and for oversight of compliance with HMIS requirement.
- To conduct academic research under a research agreement with the Homeless Trust. Your name, social security number, or any other unique characteristic will not appear in any in research reports.

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- As permitted and governed by federal regulations setting HMIS privacy and security standards, as may be amended, uses and disclosures: (a) to avert a serious threat to health or safety; (b) about victims of abuse, neglect or domestic violence; (c) for law enforcement; and (d) as required by law.

***Other uses and disclosures of your information will be made only with your written consent.**

How can your information be used?

Your information can be shared with HMIS-Participating Providers that use HMIS. Sharing your information may help the HMIS-Participating Provider(s) obtain information about you more quickly, assess and address your housing and/or service needs and assist with you with case management as may be warranted.

What rights do you have regarding your information?

You have the right to inspect and obtain a copy of your own (or your dependent, minor children) personal information that we maintain about you in HMIS except for: (a) information compiled in reasonable anticipation of litigation or comparable proceedings; (b) information about another individual; (c) information that was obtained under a promise of confidentiality; or (d) information, the disclosure of which would be reasonably likely to endanger the life or physical safety of any individual.

You have the right to request a list of the HMIS-Participating Providers who have received your information maintained in HMIS.

You also have the right to request correction of inaccurate or incomplete information. If we agree, we delete it or may mark it as inaccurate or incomplete and to supplement it with additional information. If we deny such request, we explain the reason for the denial. We will also include, as part of the information that we maintain, documentation of the request and the reason for the denial. We may reject repeated or harassing requests for access to or correction of information maintained in HMIS.

You can exercise your rights as listed above by making a written request to the Homeless Trust at the address below.

If you believe that your privacy rights have been violated, you may submit a written complaint to the address below. You will not be retaliated against for filing a complaint.

Miami-Dade County Homeless Trust
Stephen P. Clark Center
111 NW 1st Street
Suite 27-310
Miami, Florida 33128-1902

HMIS-Participating Providers and the Homeless Trust are required by law to maintain the privacy of your protected personal information and to provide you with this Notice. HMIS-Participating Providers and the Homeless Trust are further required to abide by the terms of the Notice that is currently in effect, but the Notice may be changed periodically. The revised Notice will be posted at HMIS-Participating Providers offices at all times and may be obtained by contacting the Homeless Trust in writing and asking for a copy of any new HMIS Notice.

Please note that this Notice relates only to the information entered in HMIS and that a HMIS-Participating Provider cannot provide specific legal advice to you regarding your rights.

This Notice is effective on the date signed, and will automatically expire in seven years.

I acknowledge that I have received a paper copy of the Notice of Uses and Disclosures for HMIS by signing here.

_____	_____	_____	_____
SIGNATURE OF CLIENT OR GUARDIAN	DATE	SIGNATURE OF PROVIDER WITNESS	DATE

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HMIS Consent to

Release and Exchange of Information

Notice must be provided to and signed by every person in your household who is 17 years old or older.

IMPORTANT: Do not enter personally identifying information into HMIS for clients who are: 1) in Domestic Violence agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation. If this applies to you, STOP- Do not sign this form.

I hereby agree to the release and exchange of information about myself and minors for whom I am legally responsible according to the terms below:

- I have requested housing and/or services through the Miami-Dade County Continuum of Care (CoC), which are provided by local housing and/or service agencies ("providers"). The CoC is coordinated by the Miami-Dade County Homeless Trust (the "Homeless Trust"). In order to best serve my housing and service needs, the providers and the Homeless Trust need to exchange, share, and/or release data, information or records they may collect about myself and my family members who are with me. When I request services through the CoC, information about myself and family members is entered into a computer system called the Homeless Management Information System ("HMIS"), which is managed by the Homeless Trust. Providers and the Homeless Trust share and utilize information entered into HMIS under an HMIS Participation Agreement (hereafter parties to the HMIS Participation Agreement as "HMIS-Participating Providers").
- The information contained in HMIS and your case records with any HMIS-Participating Provider is considered confidential and privileged and cannot be exchanged, shared and or/released without your express and informed written consent, except as set forth in the CoC HMIS Notice of Uses and Disclosures or where otherwise authorized by law.

I understand that:

- This form specifically authorizes the use of information about me in research conducted using information maintained in HMIS. I will not be personally identified by name, social security number, or any other unique characteristic in published research reports. The type of research that will be conducted using this information includes reports on the number and characteristics of people using different types of housing and services, the effectiveness of housing and services, and changes in patterns over time.

- HMIS allows information about me, including my photograph, to be shared with HMIS-Participating Providers. Shared information may include, but is not limited to, demographic information, including date of birth, address and phone number, Social Security Number, gender, race and ethnicity, education and employment background, income and benefit history, housing history, legal history, history of exposure to trauma, disabling medical conditions, mental health and/or substance abuse diagnosis and treatment history, and HIV/AIDS test results. The purpose of sharing information this way is to help the HMIS-Participating Providers obtain information about me more quickly, assess and address my housing and/or service needs and assist with me with case management as may be warranted.

- HMIS-Participating Providers will be able to see the information that is entered into HMIS. Upon my request, the HMIS-Participating Provider currently serving me must show me a list of all HMIS-Participating Providers at the time I sign this consent/authorization.

- A housing and/or service provider that becomes an HMIS-Participating Provider after I sign this Consent to Release Information also will have access to the personal information that I authorize for data sharing. Any HMIS-Participating Provider currently serving me, including the Homeless Trust, must make reasonable accommodations to allow me to view the updated list of HMIS-Participating Providers.

- I understand that I have the right to inspect, copy, and request all records maintained in HMIS relating to the provision of housing and/or services provided by an HMIS-Participating Provider, to me and to receive a copy of this form. I understand that my

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records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise authorized by law.

- I understand that my consent will automatically expire seven (7) years from the date of this form.
- I also understand that I may withdraw my consent at any time by informing the Homeless Trust in writing.

I further understand that any HMIS-Participating Provider receiving information as a result of this release is bound by the following statement:

> "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose."

I have read this document or it was read and/or explained to me and I fully understand and agree with the terms of this document by signing here.

_____ _____

PRINT CLIENT NAME CLIENT HMIS ID NUMBER

_____ _____ _____ _____

SIGNATURE OF CLIENT OR GUARDIAN DATE SIGNATURE OF PROVIDER WITNESS DATE

_____

☐ CHECK AND PRINT NAME IF GUARDIAN