

# Privacy Policy and Client Consent

# Privacy Policy and Client Consent

Learning Objectives

- Terminology
  - What is personally identifiable Information?
  - Data Sharing Agreement and the Agency Participation Agreement
  - Use vs. Disclosure
- HMIS Privacy Policy
- Client Consent Form
- Privacy Posting
- Helpdesk Resources

# Important Concepts

# Personally Identifiable Information (PII)

PII is information that:

1. Identifies, either directly or indirectly, a specific individual;
2. Can be manipulated by a reasonably foreseeable method to identify a specific individual; or
3. Can be linked with other available information to identify a specific individual

# Agency Participation Agreement (APA)

The APA is an agreement between All Chicago and any agencies looking to enter data into HMIS; it highlights the responsibilities of each party.

The APA asks agencies that their users:

- Adhere to a code of ethics to respect a client's data and their choices regarding how to share their data
- Explain the purpose of the HMIS and the terms of consent
- Protect their client's data

Every agency is required to complete an APA before gaining access to HMIS.

# Terminology Refresher

- **HMIS Collaborative:** A group of stakeholders that coordinate their efforts to end homelessness in Chicago. Any agency that has signed the Agency Participation Agreement is a part of the HMIS Collaborative.
- **Participating Agency:** Agencies that access HMIS and have signed the HMIS Agency Participation Agreement.


# Data Sharing Agreement (DSA)

Entities outside of the HMIS Collaborative may request access to HMIS data for research purposes. Any time this is required, a data sharing agreement must be signed in order for data to be shared with the requesting entity.

A DSA can be signed for research purposes, but it can also be signed for internal CoC use, such as with Coordinated Entry, in which multiple agencies may need to share data in order to provide effective transition in care.

# Outside Entities Requesting Data

Data is shared once a DSA is completed.



# HMIS Collaborative Ecosystem

Joined through an APA



# Use vs. Disclosure of Data

# Terminology Refresher

- **Use of Data:**

- With respect to PII, the sharing, employment, application, utilization, examination, or analysis of such information internally within the HMIS participating agency that maintains such information or within the HMIS Lead

- **Disclosure of Data:**

- With respect to PII, the release, sharing, transfer, provision of access to, or divulging of information to an organization outside the HMIS participating agency holding the information or outside the HMIS Lead.

# Use and Disclosure of PII

## “Disclosure”

**Release, sharing, or transfer** of information **to an organization outside the HMIS participating agency** or Lead.

**Data Sharing Agreement**



# Documentation Review

# Privacy Policy and Client Consent

Three relevant documents to your client's privacy and their data sharing consent are:

- **Privacy Policy Notice**
  - 7 page document that should be available to your client for them to read through at their request
- **Consent Form**
  - Provides your client with a choice on how they share their data
  - Has several sections, including a supplemental form for sharing disability status
- **Privacy One-page Posting**
  - A one-page summary of the privacy policy notice
  - Should be posted where client intake occurs, as well as any common areas where clients may be



# Privacy Policy: Purpose and Overview

The privacy policy is a way to comply with federal, state, local and funder requirements regarding a client's data. It helps to standardize data use and disclosure practices.

This privacy policy was designed to give clients the opportunity to do what they want with their information. It also provides the agency with a framework and reason to collect and use a client's information.

# Privacy Policy:

How and why the Collaborative collects your information

- To provide or coordinate services for the client
- To locate other programs that may be able to assist you
- For functions related to payment or reimbursement for services
- To carry out administrative functions,
- To comply with government and funder reporting obligations
- For data analysis, and community reporting purposes, including reporting to the Chicago CoC to inform policy decisions
- For academic research
- When required by law



Why is a client's  
information shared?

# Privacy Policy Notice - With Client Consent

Personal information may be used or disclosed for the following reasons:

- To provide or coordinate services
- For purposes of data integration with other systems or data warehousing

## D. Use and disclosure of your PII

For purposes of this Notice, the terms “use” and “disclosure” are defined as follows:

- i. “Use” means, with respect to PII, the sharing, employment, application, utilization, examination, or analysis of such information internally within the HMIS participating agency that maintains such information or within the HMIS Lead.
- ii. “Disclosure” means, with respect to PII, the release, sharing, transfer, provision of access to, or divulging of information to an organization outside the HMIS participating agency holding the information or outside the HMIS Lead.

1. Your PII may be used or disclosed **with** your consent for the following reasons:

- To provide or coordinate services for you and your family to help you end your homelessness. Participating agencies may use or disclose your information to locate suitable services or housing, to conduct referrals and assessments, to determine program eligibility, and to otherwise collaborate to address your specific needs and circumstances. Such uses and disclosures may include but not be limited to uses and disclosures within the HMIS system among participating agencies that have access to the HMIS system and uses and disclosures at conference meetings for the purposes of finding and/or coordinating services for an individual.

3

# Privacy Policy Notice - Without Client Consent

Personal information may be used or disclosed for the following reasons:

- Payment or reimbursement for services
- Administrative functions
- To create reports for the CoC that include your data (anonymized)
- Serious threat to health or safety
- To report about an individual who is believed to be a victim of abuse, neglect, or domestic violence
- When required by law
- If the disclosure is authorized by statute or regulation
- To prevent serious harm
- **For Data Sharing Agreement purposes**

# Client Rights

A client has the right to:

- Request a copy of their information in HMIS (excluding case notes)
- Request that their information be corrected
- Request preferred form of contact
- Request a list of Participating HMIS Agencies
- Request a copy of the Privacy Policy
- Revoke Sharing

## E. Your Rights

### **Obtain an electronic version or paper copy of your information/Ask to correct or amend your information**

- You have the right to inspect and obtain a copy of your information for as long as it is kept in the HMIS, except for case notes and for information compiled in reasonable anticipation of, or for use in, a legal proceeding.
- You have the right to request correction of your information in the HMIS if your information is inaccurate or incomplete. If agreed that the information is inaccurate or incomplete, it may be corrected or supplemented with additional information.
  - i. The participating agency that you are working with must respond to your request within a reasonable time frame (up to 5 business days).
- Your request for inspection or to obtain a copy of PII may be denied if:
  - i. the information was compiled in reasonable anticipation of litigation or comparable proceedings;
  - ii. the information is about another individual;
  - iii. the information was obtained under a promise of confidentiality and the disclosure would reveal the source of the information; or
  - iv. disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.

### **Requests method of communication**

- You can request us to contact you in a specific way. We will make every effort to honor your request and communicate with you in a familiar language and use communication technology to address any difficulties in hearing and sight.

### **Obtain a list**

- You can request a list of participating agencies in the Chicago HMIS Collaborative. This list will also be posted on the Chicago CoC website, [www.allchicago.org](http://www.allchicago.org).

### **Obtain a copy of this Privacy Notice**

- You can request a paper copy of this Notice at any time. A copy of the Notice will always be made available on the Chicago CoC website and by the Collaborative and will never be denied.

### **Request to revoke your information from being shared**

- As described in this Notice, we need your written consent to disclose your information within the Collaborative. You have the right to revoke your consent and request that your information not be shared at any time. Please note that for the purposes mentioned in Section D(2) we are not required to agree to your request.

# Client Consent Form

# Client Consent for Data Sharing

The image displays three overlapping copies of a consent form titled "all Chicago making homelessness history Chicago Homeless Management Information System Client Consent for Data Sharing (effective June 1, 2018)".

The top-left copy shows the introductory text and "PART I - BRIEF ANSWERS TO QUESTIONS YOU MAY HAVE".

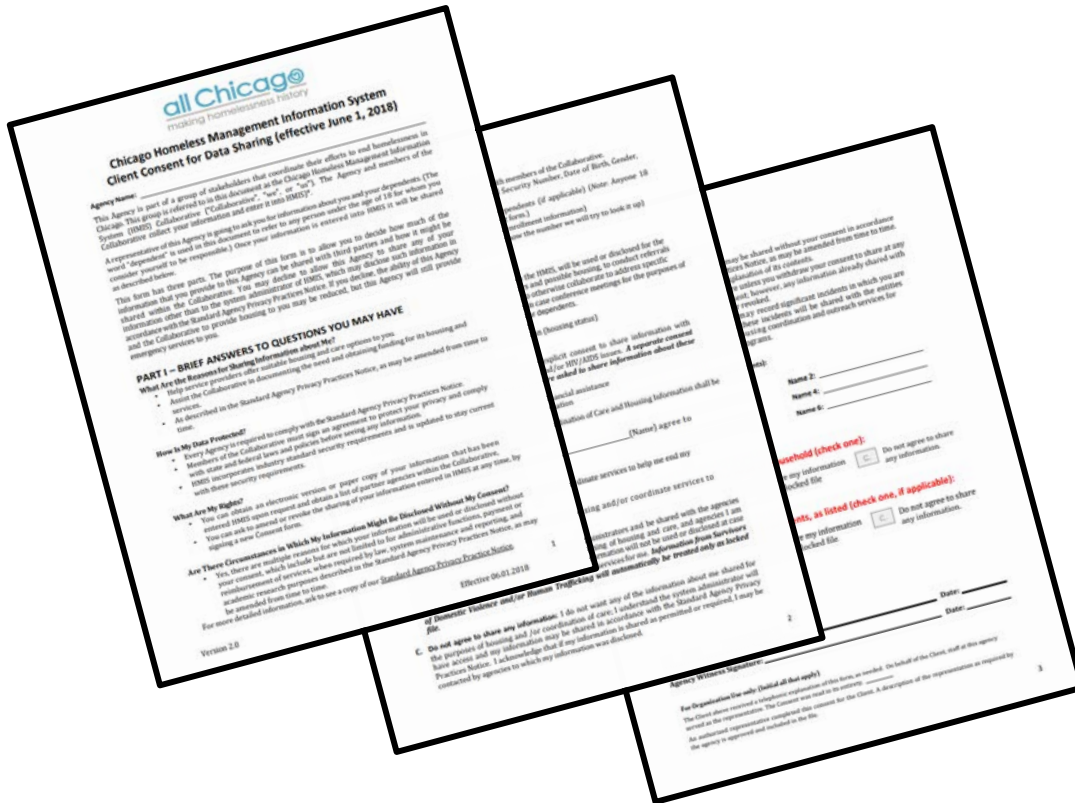
The middle copy shows the "What Are the Reasons for Sharing Information About Me?" section, which lists reasons such as "to help service providers document the housing and care options for you" and "to assist the Collaborative in documenting the housing and care options for you".

The bottom-right copy shows the "Agency Witness Signature" section, which includes a line for the date and a signature line.

The Client Consent form should be completed for every client entering your project.

Any person in the household over the age of 18 must sign their own client consent form.

# Client Consent for Data Sharing



Consists of two parts:

- Part 1 serves as an FAQ for clients to inform their data sharing choice
- Part 2 asks the client to make their data sharing decision

# Client Consent for Data Sharing: Types of Information

## PART II – YOUR CONSENT

### Basic Information:

This information will be shared through HMIS and with members of the Collaborative.

- Personal Identifying Information (Name, Social Security Number, Date of Birth, Gender, Veteran Status, photo)
- Personal identifying information about your dependents (if applicable) (*Note: Anyone 18 years of age or older must sign a separate consent form.*)
- Enrollment information (may include your past enrollment information)
- Recipient Identification Number (if you do not know the number we will try to look it up)
- Contact information

### (2) Coordination of Care and Housing Information:

This information, along with other information from the HMIS, will be used or disclosed for the purposes of matching you to the appropriate services and possible housing, to conduct referrals and assessments, to determine program eligibility, to otherwise collaborate to address specific needs and circumstances, and to share information in case conference meetings for the purposes of finding and/or coordinating services for you and your dependents.

Information about your military service (if applicable)

- Experience with homelessness and living situation (housing status)
- Household income and source(s)
- Presence of a current disabling condition
  - Illinois law requires us to obtain your explicit consent to share information with respect to mental health, substance use, and/or HIV/AIDS issues. ***A separate consent form will be offered to you before you are asked to share information about these conditions.***
- Services you receive, including your receipt of financial assistance
- Medical insurance/primary care provider information

## Basic Information

- Demographics
- Partial Service History
- Who the client is

## Coordination of Care and Housing Information

- What the client is eligible for



# Client Consent for Data Sharing: Client Choices

For purposes of this consent, Basic Information and Coordination of Care and Housing Information shall be referred to herein collectively as the "information".

I, \_\_\_\_\_ (Name) agree to share information as detailed below.

**A. Share my information** to provide housing and/or coordinate services to help me end my homelessness.

**B. Share my information as a locked file** to provide housing and/or coordinate services to help me end my homelessness.

Note: The locked file will be visible to the system administrators and be shared with the agencies overseeing/assigned to providing me with matching of housing and care, and agencies I am currently receiving or received services from. My information will not be used or disclosed at case conference meetings for finding and/or coordinating services for me. **Information from Survivors of Domestic Violence and/or Human Trafficking will automatically be treated only as locked file.**

**C. Do not agree to share any information:** I do not want any of the information about me shared for the purposes of housing and /or coordination of care; I understand the system administrator will have access and my information may be shared in accordance with the Standard Agency Privacy Practices Notice. I acknowledge that if my information is shared as permitted or required, I may be contacted by agencies to which my information was disclosed.

2

Three options. The following two allow a client to be matched to housing:

- A. Any agencies in the HMIS Collaborative can view the client's record
- B. Client record is secured, but agencies looking to house the client are able to view their record

# Client Consent for Data Sharing: Client Choices

For purposes of this consent, Basic Information and Coordination of Care and Housing Information shall be referred to herein collectively as the "information".

I, \_\_\_\_\_ (Name) agree to share information as detailed below.

- A. **Share my information** to provide housing and/or coordinate services to help me end my homelessness.
- B. **Share my information as a locked file** to provide housing and/or coordinate services to help me end my homelessness.

Note: The locked file will be visible to the system administrators and be shared with the agencies overseeing/assigned to providing me with matching of housing and care, and agencies I am currently receiving or received services from. My information will not be used or disclosed at case conference meetings for finding and/or coordinating services for me. **Information from Survivors of Domestic Violence and/or Human Trafficking will automatically be treated only as locked file.**

- C. **Do not agree to share any information:** I do not want any of the information about me shared for the purposes of housing and /or coordination of care; I understand the system administrator will have access and my information may be shared in accordance with the Standard Agency Privacy Practices Notice. I acknowledge that if my information is shared as permitted or required, I may be contacted by agencies to which my information was disclosed.

2

The option would not allow clients to be matched to housing:

- C. Does not agree to share any information

# Client Consent for Data Sharing:

## Client Choice and Dependents

Any dependents in the household must be listed. Any adult children or non-Head of Household adults must complete their own client consent form.

The HoH can have their data sharing choice different from that of their dependents.

All agencies must have their client sign and date the form, as well as have a witness from the agency.

When you sign this form, it shows that you:

- Acknowledge that certain information may be shared without your consent in accordance with the Standard Agency Privacy Practices Notice, as may be amended from time to time.
- Read this Client Consent or heard an explanation of its contents.
- Understand this consent does not expire unless you withdraw your consent to share at any time by signing a new copy of this Consent; however, any information already shared with another agency cannot be taken back or revoked.
- Understand that housing providers may record significant incidents in which you are involved in their programs, and that these incidents will be shared with the entities that provide emergency services, housing coordination and outreach services for matching individuals to appropriate programs.

**Names of Dependents (please list ALL dependents):**

Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_  
Name 3: \_\_\_\_\_ Name 4: \_\_\_\_\_  
Name 5: \_\_\_\_\_ Name 6: \_\_\_\_\_

**Data Sharing Selection for Head of Household (check one):**

A. Share my information  B. Share my information as a locked file  C. Do not agree to share any information.

**Data sharing selection for all dependents, as listed (check one, if applicable):**

A. Share my information  B. Share my information as a locked file  C. Do not agree to share any information.

**Client or Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Organization Use only: (Initial all that apply)**

The Client above received a telephonic explanation of this form, as needed. On behalf of the Client, staff at this agency served as the representative. The Consent was read in its entirety. \_\_\_\_\_

An authorized representative completed this consent for the Client. A description of the representation as required by the agency is approved and included in the file.

# Client Consent for Data Sharing:

## Annual Assessments

Any agencies with clients that remain in the program over a year should ask their clients at the annual assessment if they want to update their current data sharing choice.

# Client Consent for Data Sharing:

## Changing the initial selection

As the relationship between the case manager and the client grows, that client may eventually decide to change their data sharing selection.

In that instance, a client can update their data sharing selection by re-submitting their client consent form.

# Supplemental Disability Data and Health Information Form

**all Chicago**  
making homelessness history

**Homeless Management Information System (HMIS)**  
Supplemental Client Consent for Sharing of Certain Disability Data and Health Information

Agency Name: \_\_\_\_\_

This Supplemental Client Consent for Sharing of Certain Disability Data and Health Information should be completed at the time of initial assessment, in addition to the Client Consent for Data Sharing. This supplemental consent is consistent with the policies laid out in the All Chicago Making Homelessness History HMIS Standard Agency Privacy Practice Notice ("Privacy Notice"). The current version of the Privacy Notice and a list of partners in the Collaborative can be viewed at [www.allchicago.org](http://www.allchicago.org). Alternatively, the agency you are working with should also be able to provide you with these documents upon request.

We are required by law to obtain your explicit consent to share information with respect to your experience with mental health issues, HIV/AIDS, and substance abuse. Some agencies within the Collaborative have specific eligibility requirements. Sharing this information allows us to connect you with as many housing and care options as possible for which you might be eligible.

This information will be collected as part of your assessment and will be disclosed by the agency you are working with to the Collaborative to improve the ability of the Collaborative to make an appropriate housing match and coordinate care on your behalf. You may decline to share this information as noted below, but doing so may make it more difficult for the participating agencies in the Collaborative to qualify you for assistance suited to your needs.

Please check the appropriate box below:

I consent to the use and disclosure of my mental health condition, HIV/AIDS status, alcohol and/or drug abuse history, as may be applicable with the Collaborative. I authorize the agency providing me with services to enter my mental health condition, HIV/AIDS status, alcohol and/or drug abuse history, as may be applicable, into the HMIS and authorize the Collaborative to use such information to make an appropriate housing match and coordinate care on my behalf. In addition, I authorize the use and disclosure of my mental health condition, HIV/AIDS status, alcohol and/or drug abuse history, as may be applicable, on an aggregate basis so long as my information is de-identified.

I decline to share any information relating to my mental health condition, HIV/AIDS, alcohol and/or drug abuse for the purposes of matching or other specific services, provided that I understand that the foregoing information will be: (1) that of assessing a certain cohort of assessment within the Collaborative, only if this information is being collected as part of the Standardized Housing Assessment and (1) used and disclosed on an aggregate basis so long as my information is de-identified and I expressly authorize the foregoing.

I do not presently experience the above conditions or have any information to share.

This authorization shall be in force and effect for seven years from the date of signing, at which time this authorization to use or disclose this information expires.

I understand that I have the right to inspect and copy any mental health information included in or made part of the information disclosed in accordance with this consent.

**all Chicago**  
making homelessness history

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

V.2.1

Attached to the client consent form is the Supplemental Client Consent for Sharing of Certain Disability Data and Health Information.

This document only has to be completed by the adults in the household, non-adult dependents do not need to complete this form.

What if a client  
refuses to sign?

Treat it as the client  
selecting option C



# Privacy Posting

# One Page Privacy Posting

Chicago Homeless Management Information System (HMIS) Standard Privacy Posting	
<p><i>This notice describes how this agency in the HMIS Collaborative will use and protect the information about you and your dependents that is entered in HMIS and your rights to decide how your information is shared. The policies stated in the Standard Agency Privacy Policy Notice can be amended at any time and a draft will be posted at least 30 days prior to taking effect. Please read the full Standard Agency Privacy Practices Notice for more details.</i></p>	
<p><b>Why we collect and enter your information</b></p>	<ul style="list-style-type: none"> <li>To provide or coordinate services for you;</li> <li>To locate other programs that may be able to assist you;</li> <li>For functions related to payment or reimbursement for services provided by or on behalf of the Chicago HMIS Collaborative;</li> <li>To carry out administrative functions, including legal, audit, personnel, oversight, contract monitoring, program evaluation, and other management functions;</li> <li>To comply with government and funder reporting obligations;</li> <li>For data analysis, and community reporting purposes, including reporting to the Chicago CoC to inform policy decisions;</li> <li>For academic research and when required by law</li> </ul>
<p><b>Agency use and disclosure of your information</b></p>	<p>Your personal information may be used or disclosed with your consent for the following reasons:</p> <ul style="list-style-type: none"> <li>To provide or coordinate services for you and your family to help you end your homelessness.</li> <li>For purposes of data integration with other systems or data warehousing.</li> </ul> <p>Your personal information may be used or disclosed without your consent for the following reasons:</p> <ul style="list-style-type: none"> <li>For functions related to payment or reimbursement for services provided by or on behalf of the Collaborative;</li> <li>To carry out administrative functions, such as legal, audit, personnel, oversight, contract monitoring, program evaluation, and other management functions;</li> <li>To carry out maintenance and operation of the Chicago HMIS;</li> <li>To create reports for the CoC that include your data but only in a way your identity is not disclosed (this type of data is sometimes referred to as "anonymized" or "de-identified" data);</li> <li>When required by law to the extent that use or disclosure complies with and is limited to the requirements of the law;</li> <li>To avert a serious threat to health or safety;</li> <li>To report about an individual who is believed 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;</li> <li>To a law enforcement official for a law enforcement purpose;</li> <li>For academic research purposes</li> </ul>
<p><b>Your rights and choices</b></p>	<ul style="list-style-type: none"> <li>Obtain an electronic version or paper copy of your information/Ask to correct or amend your information.</li> <li>Request a preference for communication.</li> <li>Obtain a list of participating agencies in the Chicago HMIS Collaborative. The list will be posted on <a href="http://www.allchicago.org">www.allchicago.org</a></li> <li>Obtain a copy of this Privacy Notice.</li> <li>Request to revoke your information from being shared.</li> </ul>
<p><b>Contact Information</b></p>	<p><b>Agency Information:</b></p> <p>Name: [REDACTED]          Address: [REDACTED]          Phone: [REDACTED]</p> <p><b>HMIS Lead Agency: All Chicago Making Homelessness History</b>          651 W. Washington, Suite 504          Chicago, Illinois 60661          Phone: 312--379--0301</p>

All agencies are required to keep the one page privacy posting available where clients have clear and easy access to review it (ie. the intake desk or common areas).

# Helpdesk Resources

# Helpdesk Resources

- Client Consent and Supplemental (ROI) <https://hmis.allchicago.org/hc/en-us/articles/360000825243-Client-Consent-and-Supplemental-ROI>
- Privacy Policy Notice <https://hmis.allchicago.org/hc/en-us/articles/360000789243-Privacy-Policy-Notice>
- Privacy One-page Posting <https://hmis.allchicago.org/hc/en-us/articles/115002139803-Privacy-One-page-Posting>
- Privacy Policy and Client Consent Form <https://hmis.allchicago.org/hc/en-us/categories/115000933426-Privacy-Policy-and-Client-Consent-Form>
- Spanish Documentation <https://hmis.allchicago.org/hc/en-us/sections/115001371286-Spanish-Privacy-Policy-and-Client-Consent>
- Polish Client Consent Form <https://hmis.allchicago.org/hc/en-us/articles/115005926206-Polish-Client-Consent-for-Data-Sharing-and-Supplemental-Jan-2019->

# Thank you

Thank you for attending this webinar. This webinar, including slides and any questions sent to the Help Desk, will be posted in a Help Desk article.

Again, if you have any questions regarding the content of this webinar, please email the Help Desk at [hmis@allchicago.org](mailto:hmis@allchicago.org) or fill out the form at <https://hmis.allchicago.org/hc/en-us/requests/new>

