

Minnesota's HMIS Data Privacy Notice

We collect personal information about the people we serve in a computer system called Minnesota's HMIS (Homeless Management Information System). Many social service agencies use this computer system, including street outreach, shelters, and housing programs.

Why do we collect this information?

- To help keep this program and others like it going. We are required to use HMIS.
- So we know how many people we serve and the types of people we serve at our agency and in the state.
- So we all understand what people need and can plan services to meet these needs.

Who can see information that is in Minnesota's HMIS?

- People who work for this agency will use it to help provide services to you or your family.
- Other agencies like this agency that provide services and have received permission from you to see your information. The agencies that participate in Minnesota's HMIS may change from time to time. A copy of the current list of participating agencies is available upon request.
- Auditors or funders who have legal rights to review the work of this agency, such as the U.S. Department of Housing and Urban Development and other state or local government entities.
- Organizations that run, administer, and work on the system, such as the Institute for Community Alliances or Local System Administrators. When these organizations work on the system, they may see information about you.
- People using HMIS information to do research and write reports, including, but not limited to, the Minnesota Department of Human Services (DHS). Your personally identifiable information will **never** appear in research reports.
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to Child or Adult Protection.
- We may release your information to protect the health or safety of you or others as required by law.
- Others as required by law, including officials with a valid warrant or court order.

We will not release your information for any other use unless you permit us in writing.

How is your privacy protected?

- All users of data must sign an agreement to protect your privacy and comply with state and federal laws and policies before seeing any information.
- The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements.

What are your rights?

- **If you do not want your name, social security number, or date of birth entered in HMIS, tell the intake worker.** This agency will **not** refuse to help you for denying this. However, federal and state regulations may require limited data collection for funding purposes and refusing to provide that information may result in this agency not being able to help you.
- You have the right to request a copy of the Minnesota's HMIS information about you.
- You have the right to correct mistakes in HMIS information about you.
- If you think this agency or Minnesota's HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form.

Minnesota's HMIS Release of Information

For: _____
Print First, Middle, and Last Name (Complete one form for each adult) _____
Date of Birth _____

Your personal information will be collected in Minnesota's HMIS and, with your consent, shared with other service providers/homeless agencies. If you do not give permission for this agency to share your information, no other agency in the network will have access to it.

Why share your information?

- Sharing reduces the amount of time you have to spend answering basic questions about your situation.
- Sharing allows agencies to focus on meeting your unique needs more quickly.
- Sharing makes it easier for multiple agencies to coordinate housing and services for you and your family.

What information might be shared?

- Family/Household information
- Name, birthdate, Social Security Number
- Gender, race, ethnicity
- Reasons for seeking services
- Living situation and housing history
- Services you receive
- If you are homeless or not
- Your income and income sources
- Public benefits you receive
- History of domestic violence
- Educational background
- Employment information
- Military history
- Health information, including physical health, HIV, behavioral health

Please check (✓) a box:

- ☐ **SHARE:** I consent to have the information collected about me shared through Minnesota's HMIS with other partner agencies in order to improve services to me and the services offered to others.
- ☐ **DO NOT SHARE:** I do **not** want **any** of the information about me in Minnesota's HMIS shared with any other service providers/homeless agencies. I understand that not sharing my information may affect the ability to quickly and appropriately identify services for me.

When you sign this form, it shows that you understand the following.

- We will **not** deny you help if you do not want us to share your personal information. At the same time, sharing data does not guarantee that you will receive assistance.
- If you permit us to share your information, this consent is valid until canceled by you.
- If you permit us to share your information, you may change your mind and cancel this consent at any time. If you cancel this consent, your information will no longer be shared from that date forward.

SIGNATURE OF CLIENT OR GUARDIAN DATE Signature of agency witness Date

- ☐ Please treat information about my children age 17 or younger the same as mine.