

Appendix 3: Public Privacy Policy

PRIVACY POLICY

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THAT INFORMATION. PLEASE READ IT CAREFULLY

Effective Date: _____

Our Duty to Safeguard your Personally Protected Information (PPI):

_____ (Agency Name) collects information about which clients utilize services that we provide. We will ask for your permission to share the information we collect about you and your family (as applicable) into a program called the HMIS. Although the HMIS helps us keep track of your information, individually identifiable information about you is considered “Personally Protected Information”. We are required to protect the privacy of your identifying information and to give you notice about how, when and why we may use or disclose the information.

We are required to follow the privacy practices described in this Notice, although the Partners In Care Data Committee is responsible for updating this Privacy Policy annually and can make changes at any time.

_____ (Agency Name) may have additional privacy protocols internal to the agency and may change their privacy protocols at any time. As a client you have the right to request the most up to date privacy policy from _____ (Agency Name)

This policy may be amended at any time and those amendments may affect information obtained by the CHO before the date of change. An amendment to the privacy notice regarding use or disclosure will be effective with respect to information processed before the amendment, unless otherwise stated.

How We May Use and Disclose Your Information:

We use and disclose collective information for a variety of reports. We have a limited right to include some of your information for reports on homelessness and services needed by those who are homeless. Information that could be used to identify you will never be used for these reports. If you are enrolled in the Supportive Services for Veteran Families (SSVF) Program, your information will be shared as mandated by the Department of Veteran Affairs.

We may use your information in approved research requests. We must have your written consent to use or disclose your information unless the law permits or requires us to make the use or disclosure without your permission. Please review the client consent form for further details.

Your Rights Regarding Your Information:

- You have the right to receive services even if you choose NOT to participate in the Oahu HMIS. However, clients may be refused program entry for not meeting other agency eligibility criteria.
- You have the right to ask for information about who has seen your information.
- You have the right to view your information and change it, if it is not correct

Partners In Care CoC

Homeless Management Information System (HMIS) Mandatory Collection Notice

We collect personal information directly from you for reasons that are discussed in the HMIS privacy policy. We may be required to collect some personal information as mandated by law or as requested from organizations that fund this program. Other personal information we collect is necessary to operate programs, improve services, and better understand the needs of homelessness. We collect appropriate information only.

The HMIS Privacy Policy is available upon request.