

TCHSC

Treasure Coast Homeless Services Council

Connect Collaborate Cultivate

TCHSC HMIS Notice of Uses & Disclosures

What is the TCHSC HMIS?

When you request services from this Agency we enter information about you and the members of your family receiving services with you into the computer system called Homeless Management Information System (HMIS). The HMIS is used by many social services agencies in the Treasure Coast Homeless Services Council Continuum of Care covering Indian River, St. Lucie and Martin Counties.

Why is information about you collected?

- To help us better understand the people we serve and their needs.
- To better assess the community's services currently available and assist with identifying unmet needs for future service planning.
- To reduce duplication of information and services.
- To monitor whether your needs and the needs of others in our community are being met.
- To decrease the time you spend trying to get services that you need.
- To improve the quality of care and service for unhoused individuals and families.

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

Unless restricted by other local, state, or federal laws, the information can be used by, or disclosed to the following without your specific written consent:

- As required by law.
- To authorized people who work in the Agency for purposes related to providing services to you and your family, or billing or funding purposes.
- To auditors or others who review the work of this Agency or need to review the information to provide services to this Agency;
- To the Treasure Coast Homeless Services Council HMIS Team who run the software system to maintain data, they may see your data in the process of fixing problems or system testing.
- To government or social services agencies authorized to receive reports of abuse, neglect, or domestic violence, to the extent that such reports are required by law.
- To public health facilities where information is used to prevent or lessen a serious and imminent threat to public health and safety.
- This form specifically authorizes the use of your information in research conducted using information maintained in TCHSC HMIS. You 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 numbers and characteristics of people using different types of services, the effectiveness of services, and changes in patterns over time.

*Other uses and disclosures of your information will be made only with your written consent. You may revoke your consent at any time in writing. (The revocation will not be effective to the extent that an entity disclosing or using the information has already acted in reliance upon it – for example, we cannot “take back” information about you that has already been used to provide services to you.)

How can your information be used if you allow sharing of your data on the Release of Information form?

If you sign the Release of Information form your information will be shared with other agencies that use the HMIS with restrictions which you specifically indicate on the consent form. Sharing your information will help other agencies obtain information about you more quickly, helping with case management and improving their services to you. If you do not want some of your information shared you should say so on the Release of Information form.

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What rights do you have regarding your information?

You have a right to receive a list of people who have viewed your protected personal data as maintained in the HMIS for the seven years prior to the date you request this information. The exception is that you do not have a right to a list of disclosures for national security or intelligence purposes, or to correctional institutions or law enforcement officials, or if required by law, or requested for certain health oversight purposes.

You can exercise your rights as listed above by making a written request to this Agency.

If you believe that your privacy rights have been violated you may submit a written complaint to the Agency, or submit a written complaint to:

HMIS Grievance
Treasure Coast Homeless Services Council
2525 St. Lucie Ave
Vero Beach, FL 32960

The Treasure Coast Homeless Services Council HMIS Team will attempt to resolve your complaint. Should further review be required your complaint will be escalated to the HMIS Advisory Committee.

This Agency and the Treasure Coast Homeless Services Council are prohibited from retaliating against you for filing a complaint. This Agency and Treasure Coast Homeless Services Council are required by law to maintain the privacy of your protected personal information and to provide you with this Notice. The Agency and Treasure Coast Homeless Services Council are further required to abide by the terms of the Notice that is currently in effect, but the Notice may be updated periodically. The revised Notice will always be posted at this Agency and a copy may be obtained by contacting this Agency.

Please note that this Notice relates only to the information entered into the HMIS and that the Agency cannot provide specific legal advice to you regarding your rights.

This Notice is effective on and after July 01, 2023.

I acknowledge that I have received a copy of the Notice of Uses & Disclosures for TCHSC HMIS.

SIGNATURE OF CLIENT OR GUARDIAN

DATE

SIGNATURE OF AGENCY WITNESS

DATE