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 TCHSC HMIS Lead Agency 772-213-9040.

To best serve your needs, to develop meaningful treatment plans, to determine your continuing eligibility for services, and to monitor your progress in complying with the terms of your shelter, housing or other services, Agency and the Continuum of Care need to exchange, share, and/or release data, information or records they may collect about you.

The information contained in your case records with any Agency is considered confidential and privileged and cannot be exchanged, shared and or/released without your express and informed written consent, except where otherwise authorized by law. Please understand that access to shelter, housing and services is available without your consent for the release of the information. However, your consent, although optional, is a critical component of our community’s ability to provide the most effective services and housing possible. Every household adult (18+) must have their own signed Release of Information.

I understand that:

* This Agency may not condition the provision of services provided to me based on my signing this consent/authorization (this Agency may not refuse to serve me simply because I do not want my information shared with other agencies), however, I understand that signing this consent does not guarantee services.
* If I give permission, the TCHSC HMIS allows information about me, including my photograph, to be shared with other TCHSC HMIS Partner Agencies. This may include, but is not limited to, my basic identifying information (name, social security number, date of birth, gender, race/ethnicity, marital and family status, household relationships, contact information, veteran status, disability status), history of homelessness and housing, income information and non-cash benefits, legal history/information, self-reported medical history including mental health and substance abuse issues, type of health insurance, service needs and outcomes and emergency contact information. The purpose of sharing information this way is to help the agencies that I seek services from obtain information about me more quickly, assist with my case management, and to help connect me with the services I need.
* Unless I place restrictions, in writing, on the agencies that may see information about me, all TCHSC HMIS Partner Agencies will be able to see the information that this Agency puts into the TCHSC HMIS. Agencies that join the TCHSC HMIS after I sign this consent/authorization also will have access to the personal information that I authorize for data sharing. Upon my request, this Agency must show me a list of the agencies participating in the TCHSC HMIS.
* I understand that I have the right to inspect, copy, and request all records maintained by this Agency relating to the provision of services provided by this Agency to me and to receive a copy of this form. I understand that my 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 this consent/authorization can be revoked by me at any time in writing by delivering a dated and signed written request to this Agency.
* This form specifically authorizes the use of information about me in research conducted using information maintained in the TCHSC 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 services, the effectiveness of services, and changes in patterns over time.
* I understand that this release will remain in effect for 7 years from the date it is signed, and that consent can be revoked by me at any time by delivering a dated and signed written request to this Agency.

**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.

**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 int 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 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.**

PRINT CLIENT NAME

SIGNATURE OF CLIENT OR DATE

GUARDIAN

SIGNATURE OF WITNESS DATE