



Michigan State Homeless Management Information System (MSHMIS) Housing Resources, Inc. Privacy Notice

The MSHMIS was developed to meet a data collection requirement made by the United States Congress to the Department of Housing and Urban Development (HUD). Congress passed this requirement in order to get a more accurate count of individuals who are homeless and to identify the need for and use of different services by those individuals and families. We are working to assist the State of Michigan in meeting the goal set by Congress by collecting statistical information on those who use our services and report that information to a central data collection system.

Many agencies in this area also use the MSHMIS to keep computerized case records. Some, only with your permission, share information you provide to us with other MSHMIS participating agencies. The information that you may agree to allow us to collect and share includes: basic identifying demographic data (e.g., name address, birth date, phone number), the nature of your situation, and the services and referrals you receive from our agency.

Sharing information with MSHMIS and other agencies helps us to better understand the number of individuals who need services from more than one agency. This may help us to meet your needs and the needs of others in our community by allowing us to develop new and/or more efficient programs. Sharing information through MSHMIS can also help us make referrals more easily, often with less paperwork for us and for you.

Maintaining the privacy and safety of those using our services is very important to us. Information gathered about you is personal and private. We collect information only when appropriate to provide services, manage our organization, or as required by law. Your record will only be shared if you give your permission to do so. Depending on your individual situation, there may be benefits and/or risks for you to carefully consider before you decide whether or not to consent to the release of any identifying information to another agency. You also have the right to request that your name be entered in the system as “un-named”. You cannot and will not be denied services that you would otherwise qualify for if you choose not to share information.

Please note that even if you do not want your information shared with other agencies or your actual name entered into the system, we must still report some information to the central data collection system, which contains provisions to protect your name and privacy, because of our federal and state requirements. The Michigan Coalition Against Homelessness administers the MSHMIS database in collaboration with Michigan State Housing Development Authority.

CONFIDENTIALITY RIGHTS

This agency has a confidentiality policy that has been approved by its Board of Directors.

This policy follows all HUD and HIPAA confidentiality regulations that are applicable to this agency, including those covering programs that receive HUD funding for homeless services (Federal Register/Vol. 69, No. 146) and those covered under the HIPAA privacy and security rules which govern confidential

health information such as the diagnosis, treatment, of a mental health disorder, a drug or alcohol disorder, an AIDS/HIV condition or a domestic violence situation.

Even if you choose to allow us to share information with other agencies, records about substance abuse, physical and mental health, HIV, and domestic violence will not be shared without your specific permission.

This agency is restricted to using or disclosing personal information from the MSHMIS to the following circumstances:

- To provide or coordinate services to an individual with proper client consent;
- For functions related to payment or reimbursement for services.
- To carry out administrative functions including but not limited to legal, audit, personnel, planning, oversight and management functions;
- Databases used for research, where all identifying information has been removed.
- Contractual research where privacy conditions are met.
- Where a disclosure is required by law and disclosure complies with and is limited to the requirements of the law. Instances where this might occur are during a medical emergency, to report a crime against staff of the agency, or to avert a serious threat to health or safety.

YOUR INFORMATION RIGHTS

As a client receiving services at this agency, you have the following rights:

- **Access to your record.** You have the right to review your MSHMIS record. At your request, we will assist you in viewing the record within 5 working days.
- **Correction of your record.** You have the right to request to have your record corrected so that information is up-to-date and accurate to ensure fairness in its use.
- **Refusal.** You have the right to refuse consent to share your information with other agencies. You cannot be denied services that you would otherwise qualify for if you refuse to share information. Please note that if you refuse this permission, information will still be entered into the system for statistical purposes, but your information will be closed so that no other agency will have access to it.
- **Anonymous Entry.** You have a right to have your name entered as “Anonymous” if for some reason your name presents a risk even if not shared with other agencies.
- **End Date of Consent and Withdrawal of the Release of Information Form.** If you choose to allow information to be shared with other agencies, your release will be in effect for the specific time frame you have designated. After that time period, any new information will no longer be shared unless you sign another release. The release of information agreement can be withdrawn at any time by making a written request at this agency.
- **Agency’s right to refuse inspection of an individual record.** Our agency may deny you the right to inspect or copy your personal information for the following reasons: (1) information is compiled in reasonable anticipation of litigation or comparable proceedings; (2) information about another individual other than the agency staff would be disclosed, (3) information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the source of the information; or (4) information, the disclosure of which, would be reasonably likely to endanger the life or physical safety of any individual.
- **Harassment.** The agency reserves the right to reject repeated or harassing requests for access or correction. However, if the agency denies your request for access or correction, you will be provided written documentation regarding your request and the reason for denial. A copy of that documentation will also be included in your client record.
- **Grievance.** You have the right to be heard if you feel that your confidentiality rights have been violated, if you have been denied access to your personal records, or you have been put at personal

risk, or harmed. Our agency has established a formal grievance process for you to use in such a circumstance.

HOW YOUR INFORMATION WILL BE KEPT SECURE

Protecting the safety and privacy of individuals receiving services and the confidentiality of their records is of paramount importance to us. Through training, policies and procedures, and software we have done several things to make sure your information is kept safe and secure:

- The computer program we use has the highest degree of security protection available.
- Only trained and authorized individuals will enter or view your personal information.
- Your name and other identifying information will not be contained in MSHMIS reports that are issued to local, state, or national agencies.
- Employees receive training in privacy protection and agree to follow strict confidentiality standards before using the system.
- The server/database/software only allows authorized individuals access to the information. Only those who should see certain information will be allowed to see that information.
- The server/database will communicate using 128-bit encryption – an Internet technology intended to keep information private while it is transported back and forth across the Internet.
- The server/database exists behind a firewall – a device meant to keep hackers/crackers/viruses/etc. away from the server.
- The main database will be kept physically secure, meaning only authorized personnel will have access to the server / database.
- System Administrators employed by The Michigan Coalition Against Homelessness and a local Lead Agency support the daily operation of the database. Administration of the database is governed by agreements that limit the use of personal information to providing administrative support and generating reports using aggregated information. These agreements further insure the confidentiality of your personal information.

WHAT IS INFORMED CONSENT?

Information about you and the services provided to you cannot be given to anyone without your giving informed consent. In order to be able to give informed consent:

- You should be told about the benefits, risks, and available alternatives to sharing your information (KNOWLEDGE).
- You should be able to reasonably understand this information including the potential risks, benefits, options, and consequences (UNDERSTANDING).
- You should not be forced or pressured into a decision. The choice you make should be your decision (VOLUNTARY). ♦

BENEFITS OF MSHMIS AND AGENCY INFORMATION SHARING

Information you provide us can play an important role in our ability and the ability of other agencies to continue to provide the services that you and others in our community are requesting.

Allowing us to share your real name, even in the absence of other information, results in a more accurate count of individuals and the services they use. The security system is designed to create a code that will protect your identity on the system. A more accurate count is important because it can help us and other agencies:

- Better demonstrate the need for services and the specific types of assistance needed in our area.
- Obtain more money and other resources to provide services.

♦ Michigan Department of Community Health, “Know Your Rights” brochure.

- Plan and deliver quality services to you and your family.
- Assist the agency to improve its work with families and individuals who are homeless.
- Keep required statistics for state and federal funders (such as HUD).

You may choose to agree to share additional information with one or more MSHMIS participating agency in order to:

- Promote coordination of services so your needs are better met.
- Make referrals easier by reducing paperwork.
- Avoid having to repeat as much information to get assistance from other agencies.

RISKS IN SHARING INFORMATION

While the MSHMIS system was designed to promote better services for those who are homeless, there are risks that may lead some individuals to choose to do one or more of the following:

1. Allow only your name, year of birth, and partial social security number to be shared with all participating agencies. All other information, including where you are being served and your particular situation, are kept confidential or shared with only select agencies.
2. Allow some statistical or demographic information to be shared with select other agencies, but do not allow other more personal data such as health, mental health, drug/alcohol use history or domestic violence information to be shared.
3. Close all information including identifying information from all sharing. Only this agency may see the information.
4. Use an un-named client ID so that no identifying information exists on the record, even within this agency.

Questions and risks you should consider before deciding whether and what type of information to share include:

- Could there be physical harm or other negative consequences to you or members of your family if someone knew that they could find you from the information shared with other participating MSHMIS agencies?
- Could there be physical harm or other negative consequences to you or members of your family if someone found out you sought help, particularly if you or your children have experienced domestic violence, sexual assault, stalking, or child abuse?
- Are there others who may work or volunteer at other MSHMIS participating agencies who you may not want to have access to your information or to know you are seeking services?
- Are you satisfied by the confidentiality provisions explained about the MSHMIS system?

PRIVACY NOTICE AMENDMENTS: The policies covered under this Privacy Notice may be amended over time and those amendments may affect information obtained by the agency before the date of the change. All amendments to the Privacy Notice must be consistent with the requirements of the Federal Standards that protect the privacy of consumers and guide HMIS implementation and operation.