What is the Homeless Management Information System (HMIS)?

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.

The Partnership to Prevent and End Homelessness in the City of Alexandria continuum of care service providers that receive local, state and federal funding to assist persons who are experiencing homelessness or are at risk of becoming homeless use a centralized Homeless Management Information System (HMIS) to better coordinate and provide services in our community.

The collection and use of your personal information is guided by strict standards of security and confidentiality as outlined in this notification. By requesting or accepting services from this agency/program, which is a member of The Partnership, you agree to have your information entered into HMIS.

What information is collected about?

1. **Personal Identification** - Name, Gender, Social Security Number, Date of Birth, Race, and Ethnicity.

2. **Household History** (e.g., family composition, employment, income, financial resources, military duty status, living situation, phone numbers, medical history, etc.)

How will your information be kept secure & how is it used or shared?

1. Your information is only accessible within HMIS by staff of authorized homeless service providers of The Partnership who are licensed and trained database users who are required to follow strict privacy and confidentiality policies and procedures.

2. We collect personal information directly from you and enter it into HMIS as required by federal, state and local funding organizations to identify and track needs and services provided, as well as to assess the usefulness of those services.

3. We collect this information as required by The Partnership to fully understand your needs, to ensure that you receive quality service, and that you have the best possible outcome.

4. We will not use or disclose your information outside of the HMIS database without your written consent, except when required by law. Information provided for funding or administrative reporting purposes will not include your personal identifying information (e.g., social security number, date of birth, name, etc.)

What are your privacy rights?

1. **To Read Your Record** – At your written request to the agency’s HMIS Administrator listed below, we will print a copy of your protected personal information entered by this agency or when applicable assist you in reviewing it.

2. **To Request a Correction be Made to Your Record** – If you believe that information in your HMIS record entered by this agency is incorrect or inaccurately reflects your current or past situation you may request a correction. Your record will be updated upon your submission of any supporting documentation and a written request to the agency’s HMIS Administrator listed below identifying the error and the correction.

3. **To Give Consent for Information to be Shared Outside of HMIS** – We will not share your personal identifying information outside the HMIS database without your written consent, except when required by law. You will not be denied services for which you otherwise qualify if you refuse to agree to share this information outside HMIS.

4. **To Withdraw Your Consent** – Your consent to share your information outside HMIS can be withdrawn at any time upon written notification to the agency’s HMIS Administrator listed below. Please note your information will not be shared with any other community service providers outside HMIS effective 24 hours or the next business day after the receipt of your written notification to withdraw consent.

5. **To File a Complaint** – You may file a written complaint with the agency’s HMIS Administrator listed below if you have an indication that your privacy rights have been violated. You will not be penalized or denied services for filing a complaint.

For more information, please contact Charlyne Braxton, Transitional Housing Program Case Manager, 703-549-4407

Name, Title & Phone Number

HMIS Data Entry Notification Rev. 06/13
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I have read and understand the above notice and acknowledge entry of my household information into HMIS.

____________________________________________  __________________
Print & Sign Full Name                                  Date

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