# Minnesota's HMIS Data Privacy Notice

We collect personal information about the people we serve in a computer system called Minnesota's HMIS (Homeless Management Information System). Many social service agencies use this computer system, including street outreach, shelters, and housing programs. The HMIS Governing Board may amend this Data Privacy Notice and the Release of Information, at any time without notice or consent. The Data Privacy Notice and Release of Information currently available can be found on the MN HMIS website at hmismn.org.

## What kinds of information are collected in HMIS? There are two types of information collected in HMIS:

- Basic Information: This is information that rarely or never changes for an individual. This includes, but may not be limited to, Full Name, Date of Birth, Social Security Number, demographics, basic contact information. Collection of this information makes sure duplicate client records are not created in HMIS. This information is visible by default to all HMIS participating agencies.
- **Transactional Information:** This is information about services a client receives, specific programs they are enrolled in, and more indepth personal history about their experience of homelessness and barriers. *This information is only visible to all HMIS participating agencies if the client grants consent.*

## Why do we collect this information?

- To help keep this program and others like it going. We are required to use HMIS.
- So we know how many people we serve and the types of people we serve at our agency and in the state.
- So we all understand what people need and can plan services to meet these needs.

#### Who can see information that is in Minnesota's HMIS?

- People who work for this agency will use it to help provide services to you or your family.
- Other agencies like this agency that provide services and have received permission from you to see your information. The agencies that participate in Minnesota's HMIS may change from time to time. A copy of the current list of participating agencies is available upon request.
- Auditors or funders who have legal rights to review the work of this agency, such as the U.S. Department of Housing and Urban Development and other state or local government entities.
- Organizations that run, administer, and work on the system, such as the Institute for Community Alliances or Local System Administrators. When these organizations work on the system, they may see information about you.
- People using HMIS information to do research and write reports, including, but not limited to, the Minnesota Department of Human Services (DHS). Your personally identifiable information will never appear in research reports.
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to Child or Adult Protection.
- We may release your information to protect the health or safety of you or others as required by law.
- Others as required by law, including officials with a valid subpoena, warrant, or court order.

# How is your privacy protected?

- All users of data must sign an agreement to protect your privacy and comply with state and federal laws and policies before seeing any information.
- The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements.
- We will not release your information for any other use unless you permit us in writing.

### What are your rights?

- If you do not want certain information entered into HMIS, you may decline to respond. This agency will not refuse to help you for denying this. However, federal and state regulations may require limited data collection for funding purposes.
- You have the right to request a copy of the Minnesota's HMIS information about you.
- You have the right to correct mistakes in HMIS information about you.
- If you think this agency or Minnesota's HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form.

# Minnesota's HMIS Release of Information

For:				
Print First, Middle, Last Name (Complete one form for each adult)			Date of Birth	
Your Basic Information (as defined in the Da providers/homeless agencies. Your Transact and with your consent, shared with other so nformation, no other agency in the networ	tional Information (as e ervice providers/home	defined in the Data Privacy No eless agencies. If you do not gi	otice) will be collecte	ed in Minnesota's HMIS,
Why share your information?				
<ul> <li>Sharing reduces the amount of time yo</li> <li>Sharing allows agencies to focus on me</li> <li>Sharing makes it easier for multiple age</li> </ul>	eting your unique nee	ds more quickly.		
Reminder: The following fields are visible in Contact Information, Family Information	n HMIS by default – Na	me, Social Security Number, C	Date of Birth, Race/E	Ethnicity, Gender,
What transactional information might be s	hared within HMIS?			
<ul> <li>Reasons for seeking services</li> <li>Living situation and housing histor</li> <li>Services you receive</li> <li>If you are homeless or not</li> <li>Your income and income sources</li> <li>Public benefits you receive</li> </ul>	у	<ul> <li>History of domestic viole</li> <li>Educational background</li> <li>Employment status</li> <li>Military history</li> <li>Health information, inclubehavioral health</li> </ul>	I	ih, HIV,
Please check a box:				
SHARE: I consent to have the Transagencies in order to improve service DO NOT SHARE: I do not want any providers/homeless agencies. I unidentify services for me. NOTE: You	ces to me and the serv of the Transactional in derstand that not shar	rices offered to others. nformation about me in Minne ing my information may affect	esota's HMIS shared	with any other service
When you sign this form, it shows that you	understand the follo	wing:		
<ul> <li>We will not deny you help if you do not guarantee that you will receive assistar</li> <li>If you permit us to share your informat</li> <li>If you permit us to share your informat your information will no longer be shar</li> <li>The HMIS Governing Board may amend Release of Information and Data Privac</li> </ul>	nce. ion, this consent is val ion, you may change y ed from that date forw I this Release of Inforn	id until canceled by you. our mind and cancel this cons vard. nation and the Privacy Notice	sent at any time. If y at any time without	you cancel this consent, t notice or consent. The
Signature of Client or Guardian	Date	Signature of Agency	y Witness	Date
Please treat information about	my children age 17 (	or younger the same as min	ne.	