MARIN COUNTY – HOMELESS MANAGEMENT INFORMATION SYSTEM

**PRIVACY NOTICE AGREEMENT**

I am collecting HUD mandated data for entry into the HMIS system and utilizing data that contains sensitive personal information about clients. As a data collection participant, I agree to uphold the confidentiality and privacy standards set forth in this document, excerpted from the Marin County HMIS Continuum of Care Governance Charter, HMIS Policy and Procedures and the Marin County HMIS Privacy Notice.

Please initial each statement below to indicate your agreement:

\_\_\_ I recognize I have access to confidential client information collected for the HMIS system.

\_\_\_ I recognize that I am bound to keep confidential all protected personal information with which I come in contact in the course of carrying out my job responsibilities.

\_\_\_ I recognize that the improper disclosure of confidential or protected personal information, by anyone, could result in violation of the laws, violation of a client’s legal rights and could jeopardize the security of the HMIS system.

\_\_\_ I recognize that any improper disclosure or violation of confidential or protected personal information may result in disciplinary action and/or termination from any contracts/agreements with the Marin County Continuum of Care with which my employer may be associated, and possible termination on my employment.

\_\_\_ I agree to make no disclosure, except to authorized agency staff as necessary to the performance of my job duties, to anyone of any data in, to go in, or from the HMIS system.

\_\_\_ I will not solicit information from clients unless the information is required for a legitimate business purpose such as to provide services to the client.

\_\_\_ I will not decline services to a client or potential client if that person refuses to share their personal information with other agencies via the HMIS system.

\_\_\_ Upon client’s written request, I will ensure a client receives a copy of the client’s own information maintained within HMIS. Information complied in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to the client.

\_\_\_ I will permit clients to file a written complaint regarding the use or treatment of their information within HMIS. A client may file a written complaint within the Agency Grievance Procedure. A client may not be retaliated against for filing a complaint.

\_\_\_ I understand that all HMIS information (hard copies and soft copies) must be kept secure and confidential at all times. When no longer needed, the information must be destroyed according to written policy and procedures to maintain confidentiality.

\_\_\_ I have been offered a copy of, I have read and I understand the HMIS Privacy Notice.

I understand and agree to comply with all the confidentiality statements listed above. I agree to maintain strict confidentiality of information obtained for the HMIS system. This information will be used only for the legitimate client service and administration of the agency named below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

HMIS Participant Signature Agency Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Agency/System Administrator Agency Date