



This notice describes how personal information about you may be used and shared by the City and County of San Francisco's Department of Homelessness and Supportive Housing (HSH) and its provider organizations, and the rights you have about your information.

HSH has launched Coordinated Entry and its community Access Points. Access Points are how people experiencing homelessness access San Francisco's Homelessness Response System to figure out which services they *may be* eligible to access including:

- **Problem Solving:** creative options to avoid entering the homeless response system.
- **Housing Resources:** including Rapid Re-Housing and Permanent Supportive Housing.
- **Supports:** including care coordination, case management, and crisis intervention.
- **Linkages:** including referrals to appropriate medical, mental health, substance use, and social service programs.
- **Benefit Supports:** including help applying for Medi-Cal, County Adult Assistance Program (CAAP), SSI, CalFresh (formerly called Food Stamps), and CalWORKS.

Client information is collected in the ONE System and used by or shared to housing and service providers (each, a "Partner Agency", and collectively, the "Partner Agencies"), which includes community-based organizations and government agencies (such as the Department of Public Health or the Human Services Agency). A list of Partner Agencies can be found at [hsh.sfgov.org](http://hsh.sfgov.org). Partner agencies use the information in the ONE System to: match clients to, and allow staff to coordinate, appropriate housing resources and related services; improve the quality of housing and related services; conduct needs assessments and prioritize services for certain homeless and low-income services; improve coordination between City agencies and providers; and to evaluate the delivery, impact, and quality of HSH housing and related services.

In order to determine my eligibility for services within HRS, HSH HRS City staff and its Partner Agencies may access my personal information, such as length of time



being homeless and information about my vulnerabilities, including health information, held by the Human Services Agency and the Department of Public Health.

**Information Shared between the Department of Homelessness and Supportive Housing and the Human Services Agency:**

The Department of Homelessness and Supportive Housing's Homeless Response System City staff and its contracted partners may access information on which, if any, public benefits I receive from the Human Services Agency, including: Medi-Cal, CAAP, CalWORKS, and CalFresh. This public benefits-related information may be used to:

- Determine eligibility for housing
- Coordinate services across the Department of Homelessness and Supportive Housing's programs.

The Human Services Agency may access information, held by Department of Homelessness and Supportive Housing, about my housing status in order to:

- Coordinate economic support and self-sufficiency services for people served both by Human Services Agency and the by Department of Homelessness and Supportive Housing;
- Evaluate and improve Human Services Agency housing related programs; and/or
- Comply with mandated reporting requirements, the Human Services Agency may access information regarding my housing status, including which Department of Homelessness and Supportive Housing services I am prioritized for/connected with.

**Information Shared Between the Department of Homelessness and Supportive Housing and the Department of Public Health:**

In order to know which housing services I may be eligible for, the Department of Homelessness and Supportive Housing may access information about my health vulnerabilities. In order to coordinate my health care, the Department of Public Health may access information from the Department of Homelessness and Supportive Housing regarding my housing status, including which housing services I am prioritized for and/or connected with.



Staff or volunteers in the above listed departments/organizations will comply with all Federal and State privacy laws when they need to access my protected health and/or personal identifying information for determining my eligibility for services.

**Please read it carefully.**

### **Who will follow this notice?**

- All agencies and sections of the City and County of San Francisco (CCSF) who are allowed to read, use or share your personal information.
- Affiliates and contracted providers or business associates of CCSF.
- Employees, staff, and other personnel of the above.
- Volunteers who help you while you are receiving services or care from the above.
  - All these persons, entities, and sites follow the terms of this notice and are referred to below by the words “we” “us” and “our.”

### **Our pledge about your information.**

We know that information about you and your information is personal. We promise to protect your personal information. We make and store a record of care and services you receive. This record is needed to give you care and services. This notice applies to all records of your care kept by us, whether made by our staff or others. We record and store client/participant information both on paper and in computers, depending on the setting where services are provided.

### **Changes to this notice.**

We reserve the right to change this notice and to make the revised or changed notice effective for personal information already recorded about you as well as any information recorded in the future. You will be notified if we make changes



<b>Participation in HSH Homeless Response System is voluntary</b>	<ul style="list-style-type: none"><li>● You will be treated with dignity in relationships with staff and other individuals who utilize or support the Coordinated Entry process.</li><li>● You have the right to be free from intellectual, emotional, and / or physical abuse.</li><li>● You may file a grievance without risk or retaliation.</li><li>● You may accept or turn down resources or services that are offered to you at any time.</li></ul>
<b>See or get an electronic or paper copy of your personal information</b>	<ul style="list-style-type: none"><li>● You can ask to see or get an electronic or paper copy of your personal information used to make decisions about your care. Ask us how to do this at the office or site where your care is given.</li><li>● If your request is approved, we will provide a copy or a summary of your information.</li><li>● If your request is denied, you may ask for a review of that decision. The person who does the review will not be the person who denied your initial request.</li></ul>
<b>Ask us to share your personal information</b>	<ul style="list-style-type: none"><li>● We will send copies of your personal information to whomever you wish – other individuals, care professionals or hospitals and clinics.</li><li>● To ask us to share your information with people who do not need to use it for care purposes, you must ask in writing. Submit your request to the office or site where your care is given.</li><li>● If you made an ongoing request, you may ask us to stop the sharing of your information at any time.</li></ul>
<b>Ask us to correct your personal information</b>	<ul style="list-style-type: none"><li>● You can ask us to correct personal information about you that you think is incorrect or incomplete. You must explain the reason for the change. Ask us how to do this at the office or site where your care is given.</li><li>● We may say “no” to your request, but we’ll tell you why.</li><li>● Some reasons we may say “no” are: (1) the request was</li></ul>



	<p>not in writing, (2) you did not explain the reason for the change, (3) the information was not created by us or is not kept by us (anymore), (4) the information is found to be correct or complete, or (5) you are not allowed to see or get a copy of the information.</p>
<b>Get a list of those with whom we have shared your information</b>	<ul style="list-style-type: none"><li>● You can ask for a list (accounting) of the times we shared your information for six years prior to the date you ask, who we shared it with, and why.</li><li>● You must make this request in writing and tell us the care providers for which you want the accounting. Submit your request to the office or site where your care is given.</li><li>● Our list will not include times we share your information for treatment, payment, and our operations, and certain other disclosures (such as any you asked us to make).</li></ul>
<b>Ask us to limit what personal information we use or share</b>	<ul style="list-style-type: none"><li>● You can ask us not to use or share certain information with specific individuals or for specific purposes.</li><li>● We are not required to agree to your request, and we may say “no” if it would affect your care.</li><li>● If we say “yes”, we may still use or share information if it is needed to give you emergency treatment/services.</li><li>● You must make your request in writing and tell us: (1) what information you want to limit; (2) whether you want to limit use, sharing or both; and (3) to which individuals you want the limits to apply. Submit your request to the office or site where your care is given.</li></ul>
<b>Request confidential communication</b>	<ul style="list-style-type: none"><li>● You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Submit a written request to the office or site where your care is given.</li><li>● We will say “yes” to all reasonable requests.</li></ul>
<b>Get a copy of</b>	<ul style="list-style-type: none"><li>● You can ask for a paper copy of this notice at any time,</li></ul>



<b>this privacy notice</b>	even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"><li>● If you have given someone power of attorney or if someone is your legal guardian or authorized representative, that person can exercise your rights and make choices about your personal information.</li><li>● We will make sure the person has this authority and can act for you before we take any action.</li></ul>
<b>Revoke your permission where provided</b>	<ul style="list-style-type: none"><li>● Uses and disclosures of personal information not covered by this notice or the laws that apply will be made only with your written permission. You may revoke this permission, in writing, at any time.</li><li>● If you revoke your permission, we will no longer use or share personal information about you for the reasons stated in that written permission. However, we are unable to take back any use or sharing that was already made with your permission, and the laws of California required us to retain records of the care that we provide to you.</li></ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"><li>● You can complain if you feel we have violated your rights by contacting us using the information on the last page of this form.</li><li>● You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li><li>● We will not retaliate against you for filing a complaint.</li></ul>



<b>Inform individuals involved in your care*</b>	<ul style="list-style-type: none"><li>● You can tell us to share your personal information with a friend or family member who is involved in and/or responsible for your care, or to someone who will help pay for your care.</li></ul>
<b>Assist with disaster relief*</b>	<ul style="list-style-type: none"><li>● You can tell us to share your personal information with an organization helping in a disaster relief effort so that your family can be told about your status and location.</li></ul>
<b><i>*In the cases above</i></b>	<i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i>
<b>In these cases we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"><li>● Marketing purposes</li><li>● Sale of your information</li><li>● Most sharing of psychotherapy notes</li></ul>



<p><b>Run our organization</b></p>	<ul style="list-style-type: none"> <li>● We can use and share your personal information to run the homeless response system, improve your care, contact you when necessary, and for learning about the effectiveness of our programs.</li> <li>● We may combine your personal information with others' information to decide what additional services we should offer, whether our programs are effective, and how to improve our care and services.</li> </ul>	<p><b>Example:</b> We use information about you to remind you of an upcoming appointment or to help you connect with a resource like a benefits or a medical provider.</p> <p><b>Example:</b> We use personal information about you to manage your services and to check on the care you receive from our service providers to see that they are meeting their contract goals.</p>
<p><b>Pay for your housing or services</b></p>	<ul style="list-style-type: none"> <li>● We can use and share your information to bill and get payment from the entities that fund our housing and service programs.</li> </ul>	<p><b>Example:</b> We give information about the housing and/or service program you utilize in order to obtain funding to establish and maintain HSH housing services and resources.</p>

<p><b>Do research</b></p>	<ul style="list-style-type: none"> <li>● We can use or share your information for health research under certain circumstances. All research projects are subject to a special approval process.</li> </ul>
<p><b>Comply with the law</b></p>	<ul style="list-style-type: none"> <li>● We can use or share your personal information when required by federal, state or local law.</li> <li>● In instances of immigration status, we will comply with</li> </ul>





	<p>San Francisco’s Sanctuary City Ordinance (SCO), which prohibits the use of City funds or resources to assist Immigration and Customs Enforcement (ICE) with arrests and/or the gathering or dissemination of information regarding the release status or the personal or confidential information of an individual, unless it is mandated by federal or state law, warrant, or court decision.</p>
<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"><li>● We can share health information about you for certain situations such as:<ul style="list-style-type: none"><li>● To prevent or reduce a serious threat to anyone’s health or safety</li><li>● To report to an authority suspected abuse or neglect of a minor or disabled adult.</li></ul></li></ul>
<b>Work with a medical examiner or coroner</b>	<ul style="list-style-type: none"><li>● We can share personal information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>● We can share your personal information in response to a court or administrative order, or in response to a subpoena, discover request or other dispute process.</li></ul>
<b>To court-appointed conservators and public guardians</b>	<ul style="list-style-type: none"><li>● We can share your personal information with individuals appointed by a court of law to look after your physical and/or mental health and financial well-being.</li></ul>
<b>For court-appointed treatment purposes</b>	<ul style="list-style-type: none"><li>● If you have been ordered to obtain services from us by a criminal court proceeding, you will be asked to approve the sharing of information with that court. If you later retract your approval, we must inform the court of that refusal.</li></ul>



<b>To law enforcement for limited purposes</b>	<ul style="list-style-type: none"><li>● We will only share your information with a law enforcement official in the following situations:<ul style="list-style-type: none"><li>● In response to a court order, subpoena, warrant, summons or similar request issued by a judicial or administrative officer;</li><li>● To alert them about a death believed to have been the result of criminal conduct;</li><li>● About criminal conduct at our facilities and sites; and</li><li>● In emergency circumstances to report a crime; crime or victim location; or the identity, description, or location of a person who committed a crime.</li></ul></li></ul>
<b>Address workers' compensation, health oversight activities, and other government requests</b>	<ul style="list-style-type: none"><li>● We can use or share information about you:<ul style="list-style-type: none"><li>● For workers' compensation claims or similar programs that provide benefits for work-related injuries or illnesses</li><li>● With agencies that oversee our housing services and activities, such as for audits, investigations, inspections, and licensing.</li><li>● As required by military command authorities if you are or were a member of the armed forces.</li><li>● For special government functions such national security, intelligence activities, and presidential protective services</li></ul></li></ul>
<b>Inmates</b>	<ul style="list-style-type: none"><li>● We can share your personal information with the jail or prison staff or its correctional officers: (1) for the jail / prison to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the jail / prison staff.</li></ul>



## CONTACT US WITH ANY FURTHER QUESTIONS ABOUT THIS FORM.

Direct your questions to the Program Manager associated with the services you receive and/or the HSH Privacy Officer.

- Contact HSH by phone at 415-252-3232
- Contact HSH in writing: P.O. Box 427400 San Francisco, CA 94142-7400