

**SANTA CLARA COUNTY HMIS
PRIVACY STATEMENT**

**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 County of Santa Clara is working with other government agencies and community-based organizations to run a program to improve housing and services in Santa Clara County. The program is called the Santa Clara County Homeless Management Information System (“SCC HMIS”). This Privacy Statement describes how _____ may use and disclose information that you agree to share with the HMIS program. Some examples of information you may agree to share includes your name, birth date, gender, race, social security number, phone number, residence address, photo, and other similar identifying information. You may also agree to share financial information (such as your employment status, income verification, public assistance payments or allowances, food stamp allotments, and other similar financial information, as well as medical, mental health, and substance abuse information. Before your information can be shared in the HMIS system you will be asked to give permission to enter and share your information by signing a document call the Client Consent to Data Collection and Release of Information. The Agency you share your information with may be required to collect some information about you by law or by funders of the Agency’s programs. The Agency will not collect enter information about you in the HMIS system without your written consent.

The Agency will use and release the information you agree to share to do the following things:

1. Verify your eligibility and the order in which you’re referred for services;
2. Provide you with or refer you to services that meet your needs;
3. Manage and evaluate the performance of its programs;
4. Identify services gaps and patterns of use;
5. Report on program operations and outcomes to funders of its programs or apply for additional funding to support the program serving you or other programs;
6. Collaborate with other local agencies to improve services in Santa Clara County; or
7. Support policy initiatives and research better ways to provide services and address homelessness in Santa Clara County and the State of California.

This agency may also be required to release your information for the following reasons:

1. When the law requires it; or,
2. When a judge, law enforcement agency, or administrative agency issues an order.

You have the right to revoke your consent by submitting a written and signed request to revoke your consent to:

Bitfocus, Inc.
ATTN: SCC HMIS
548 Market Street #60866
San Francisco, CA 94104

Consent may be revoked verbally for records relating to drug/alcohol treatment or mental health treatment by calling Bitfocus at (408) 596-5866.

You also have the following rights:

1. You have the right to inspect and to have a copy of all the information collected about you and included in the HMIS system;
2. You have the right to an explanation about the HMIS system and any information that you do not understand;
3. You have the right to request a correction of inaccurate or incomplete information about you in the HMIS system. Your request may be denied pursuant to applicable law or at the Agency's discretion, but your request will be noted in the program records;
4. Restrictions on the type of information released to other Agencies; and,
5. A current copy of this Privacy Statement.

All local agents and representatives of the Agency with access to your information are required to complete formal training on the system and the privacy requirements at least annually.

This Privacy Statement may be amended at any time. Amendments may affect information obtained by the Agency before the date of the change. An amendment to this Privacy Statement regarding use or release of information will be effective with respect to information processed before the amendment, unless otherwise stated.

All questions and requests related to this Privacy Statement should be directed to:

Name and Title of Agency Security Officer or Privacy Officer
Partner Agency Street Address
City, State, Zip
Phone
Email