

Philadelphia Continuum of Care HMIS Privacy Plan

Purpose

This document describes the privacy plan of the City of Philadelphia Office of Homeless Services (OHS), which is the Philadelphia Continuum of Care HMIS Lead Agency, and agencies contributing data (HMIS Participating Agencies (HPA)) to the Philadelphia Continuum of Care Homeless Management Information System (HMIS). This document covers the processing of Personal Identifying Information (PII) for clients of HMIS Participating Agencies.

PII is any information we maintain about a client that:

- a. Allows identification of a client/consumer directly or indirectly
- b. Can be manipulated by a reasonably foreseeable method to identify a specific client/consumer, or
- c. Can be linked with other available information to identify a specific client/consumer.

Policy Access and Amendment

OHS may amend its privacy policy and practices at any time, subject to the recommendation of the CoC HMIS Subcommittee. The HMIS Lead Agency may bring issues to the CoC Board as necessary. An amendment may affect data that had been entered in the HMIS before the effective date of any such amendment. This policy is consistent with current privacy standards for HMIS issued by HUD. The provisions of this plan shall go into effect immediately.

Data Collection Notice

HPA must let clients know that PII is being collected and the reasons for collecting this information. To meet this requirement, HMIS Participating agencies must post the following language in places where PPI is collected from clients for the purpose of entering it into the HMIS:

OHS and its HMIS participating agencies collect personal information directly from you for reasons that are discussed in our NOTICE OF PRIVACY PRACTICES. OHS and its HMIS participating agencies may be required to collect some personal information by law or by organizations that provide funds to operate this project. Other personal information that is collected is important to run our projects, to improve services, and to better understand the needs of individuals being served. OHS and its HMIS participating agencies only collect information that is considered to be appropriate.

Each HPA must provide a copy of the *HMIS Privacy Notice* upon client request. Clients must acknowledge receipt by signing the *Acknowledgement Form*. The Agency must keep signed copies of the *Acknowledgement Form*.

HPA must obtain informed, signed consent prior to entering any client PII into HMIS. Services will not be denied if a client chooses not to include personal information. Personal information collected about the client should be protected. Each HPA and end user must abide by the terms of the *HMIS Participation Agreement* and the *HMIS User Agreement*.

- The client must sign the *Authorization To Disclose Client Information* form or consent of the individual for data collection may be inferred from the circumstances of the collection. HPA may use the Notice of Privacy Practices to meet this standard
- Clients that provide permission to enter personal information allow for HPA within the continuum to share client and household data

- If client refuses to consent, the end user should not include any personal identifiers (First Name, Last Name, Social Security Number, and Date of Birth) in the client record
- For clients with consent refused, end user should include a client identifier to recognize the record in the system
- HPA shall uphold Federal, State and Local Confidentiality regulations and laws that protect client records.

The HMIS standards and the HIPAA standards are mutually exclusive. An organization that is covered under the HIPAA standards is not required to comply with the HMIS privacy or security standards, so long as the organization determines that a substantial portion of its protected information about homeless clients or homeless individuals is indeed protected health information as defined in the HIPAA rules.

HIPAA standards take precedence over HMIS because HIPAA standards are finely attuned to the requirements of the health care system; they provide important privacy and security protections for protected health information, and it would be an unreasonable burden for providers to comply with and/or reconcile both the HIPAA and HMIS rules. This spares organizations from having to deal with the conflicts between the two sets of rules.

Each HPA shall adopt and comply with the Notice of Privacy Practices for Use with the Homeless Management Information System (“HMIS Privacy Notice”).

Each Agency shall provide reasonable accommodations to persons with disabilities and to persons with limited English proficiency to ensure their understanding of the HMIS Privacy Notice and/or Acknowledgement Form.

Accountability

Each agency must uphold relevant Federal, State and Local confidentiality regulations and laws that protect client records, including but not limited to the privacy and security standards found in HUD’s Data and Technical Standards. If an HPA is covered by more stringent regulations, such as HIPAA, the more stringent regulations will prevail.

HMIS Data Disclosure and Use Limitations

The confidentiality of HMIS data will be protected. HMIS data may only be collected, used, or disclosed for activities described in this section. The HMIS Lead Agency requires that HPA notify individuals seeking their assistance that data collection, use, and disclosure will occur. By entering data into the designated HMIS System, the HPA verifies that individuals have provided the HPA with consent to use and disclose their data for purposes described below and for other uses and disclosures the HMIS Lead Agency determines to be compatible:

- To provide or coordinate individual referrals, case management, housing or other services. Client records may be shared with other organizations that may have separate privacy policies and that may allow different uses and disclosures of the information;
- For functions related to payment or reimbursement for services;
- To carry out administrative functions, including but not limited to audit, personnel oversight, and management functions;
- To produce aggregate-level reports regarding use of services;
- To produce aggregate-level reports for funders or grant applications;
- To create de-identified (anonymous) information;
- To track system-wide and project-level outcomes;

- To identify unfilled service needs and plan for the provision of new services;
- To conduct a study or research project approved by the CoC
- When required by law (to the extent that use or disclosure complies with and is limited to the requirements of the law);
- To avert a serious threat to health or safety if:
 - The use or disclosure is reasonably believed to be necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public; and
 - The use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- To report about an individual reasonably believed to be a victim of abuse, neglect, or domestic violence to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect, or domestic violence in any of the following three circumstances:
 - Where the disclosure is required by law and the disclosure complies with and is limited to the requirements of the law;
 - If the individual agrees to the disclosure; or
 - To the extent that the disclosure is expressly authorized by statute or regulation and either of the following is applicable:
 - The HPA believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or
 - If the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the HMIS data for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure;
 - When such a permitted disclosure about a victim of abuse, neglect, or domestic violence is made, the individual making the disclosure will promptly inform the individual who is the victim that a disclosure has been or will be made, except if:
 - In the exercise of professional judgment, it is believed that informing the individual would place the individual at risk of serious harm; or
 - It would be informing a personal representative (such as a family member or friend), and it is reasonably believed that the personal representative is responsible for the abuse, neglect, or other injury and that informing the personal representative would not be in the best interests of the individual as determined in the exercise of professional judgment.
- To a law enforcement official for a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:
 - In response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena;
 - If the law enforcement official makes a written request for HMIS data that:
 - Is signed by a supervisory official of the law enforcement agency seeking the HMIS data;
 - States that the information is relevant and material to a legitimate law enforcement investigation;
 - Identifies the HMIS data sought;
 - Is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and

- States that de-identified information could not be used to accomplish the purpose of the disclosure.
 - If it is believed in good faith that the HMIS data constitutes evidence of criminal conduct that occurred on the HPA' premises;
 - In response to an oral request for the purpose of identifying or locating a suspect, fugitive, material witness or missing person and the HMIS data disclosed consists only of name, address, date of birth, place of birth, social security number and distinguishing physical characteristics; or
 - If the official is an authorized federal official seeking HMIS data for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879 (threats against the President and others), *and* the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.
- To comply with government reporting obligations for HMIS and for oversight of compliance with HMIS requirements.

The HMIS Lead may share client level HMIS data with HMIS participating entities as follows:

- The HPA originally entering or uploading the data to the designated HMIS.
- Outside organizations under contract with the HMIS Lead Agency or other entities acting on behalf of the HMIS Lead Agency for research, data matching, and evaluation purposes. The results of this analysis will always be reported in aggregate form; client level data will not be publicly shared under any circumstance.

Entities providing funding to organizations or projects required to use HMIS will not have automatic access to HMIS. Access to HMIS will only be granted by the HMIS Lead Agency when there is a voluntary written agreement in place between the funding entity and the organization or project. In such cases, funder access to HMIS will be limited to data on the funded organization or project. Funding for any organization or project using HMIS cannot be contingent upon establishing a voluntary written agreement allowing the funder HMIS access.

Any requests for reports or information from an individual or group who has not been explicitly granted access to the Philadelphia CoC HMIS will be directed to the HMIS Subcommittee. No individual client data will be provided to meet these requests without proper authorization.

Before any use or disclosure of PII that is not described here is made, the HMIS Lead Agency or HPA wishing to make the disclosure will seek the consent of all individuals whose PII may be used or disclosed.

Access and Correction

Each agency must allow individuals to inspect and have a copy of their personal information that is maintained in HMIS.

Each agency must offer to explain any information that is not understood.

Individuals must submit a request to inspect their HMIS data in writing to their social worker/case manager. Each agency must consider a written request for correction of inaccurate or incomplete personal information. If the agency agrees that the information is inaccurate or incomplete, the

agency may delete it or may choose to mark it as inaccurate or incomplete and to supplement it with additional information.

Each agency may deny the individual's request for inspection or copying of personal information if:

- a. Information was compiled in reasonable anticipation of litigation or comparable proceedings
- b. Information is about another client/consumer
- c. Information was obtained under a promise of confidentiality and the disclosure would reveal the source of the information, or
- d. Disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.

If the agency denies a request for access or correction, it must explain the reason for the denial and include documentation of the request and the reason for the denial.

Each agency may reject repeated or harassing requests for access or correction.

Confidentiality

Each agency must maintain any/all personal information as required by federal, state, or local laws.

Each agency shall only solicit or input into HMIS client information that is essential to providing services to the client.

Each agency shall not knowingly enter false or misleading data under any circumstance, nor use HMIS with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.

Each agency shall ensure that all staff, volunteers and other persons who use HMIS are issued an individual User ID and password by OHS.

Each agency shall ensure that all staff, volunteers and other persons issued a User ID and password for HMIS receive confidentiality training, HMIS training, and comply with the attached *HMIS User Agreement* and the *HMIS Participation Agreement*.

Protections For Victims Of Domestic Violence, Dating Violence, Sexual Assault, And Stalking

Victim service providers are prohibited from entering data into HMIS. Other agencies must be particularly aware of the need for confidentiality regarding information about persons who are victims of domestic violence, dating violence, sexual assault, and stalking. Additional protections for these clients include explicit training for staff handling personal identifying information of the potentially dangerous circumstances that may be created by the improper release of this information.

Governing Regulation

This Privacy Plan shall be governed by and interpreted for any and all purposes in accordance with the "Department of Housing and Urban Development Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice," July 30, 2004, including subsequent revision. In the event of any discrepancy between the two documents, the latter shall prevail.

Duration

This plan must be reviewed annually and updated as needed by the Philadelphia Continuum of Care.

Update Log

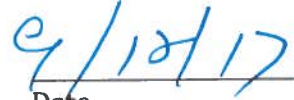
Created:

January 21, 2014

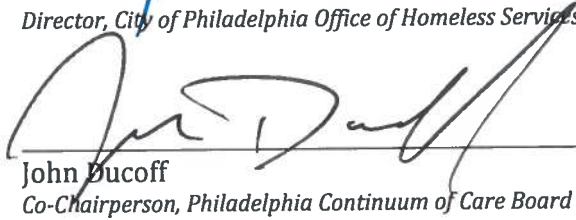
Reviewed and Reapproved: March 18, 2015
August 29, 2016
September 11, 2017



Elizabeth G. Hersh
Director, City of Philadelphia Office of Homeless Services



Date



John Ducoff
Co-Chairperson, Philadelphia Continuum of Care Board



Date

Attachments

- ⇒ Information Request Form
- ⇒ Acknowledgement Form
- ⇒ Authorization To Disclose Client Information
- ⇒ Notice Of Privacy Practices

**CITY OF PHILADELPHIA OFFICE OF HOMELESS SERVICES
HOMELESS MANAGEMENT INFORMATION SYSTEM**

INFORMATION REQUEST FORM

I understand that I have the right to inspect, get a copy of, or ask for correction of personal information that is maintained by the Office of Homeless Services in the Homeless Management Information System (HMIS). Therefore, this is to request in writing the following (items with check marks):

- To inspect personal information in HMIS
- To have a copy of personal information that is maintained in HMIS
- To request correction of the information in HMIS as described below

Name _____ Date: _____

Signature _____

Legal guardian or personal representative _____

Relationship _____

Requested information provided by

(Staff Name) _____ Date _____

Correction made in HMIS by

(Staff Name) _____ Date _____

**CITY OF PHILADELPHIA OFFICE OF HOMELESS SERVICES
HOMELESS MANAGEMENT INFORMATION SYSTEM
NOTICE OF PRIVACY PRACTICES**

ACKNOWLEDGEMENT FORM

I agree that I have been given an opportunity to review the Office of Homeless Services Homeless Management Information System (HMIS) Notice of Privacy Practices.

I acknowledge that I may obtain a copy of the Notice of Privacy Practices upon request.

Name _____ Date: _____

Signature _____

Legal guardian or personal representative _____

Relationship _____

Acknowledgment Accepted

(Staff Name) _____ Date _____

Acknowledgment Refused

(Staff Name) _____ Date _____

Reason for refusal if known

**CITY OF PHILADELPHIA OFFICE OF HOMELESS SERVICES
HOMELESS MANAGEMENT INFORMATION SYSTEM**

AUTHORIZATION TO DISCLOSE CLIENT INFORMATION

The U.S. Department of Housing and Urban Development (HUD) requires agencies that receive certain types of HUD funding to use a Homeless Management Information System (HMIS). Other funding sources may also require program participation in HMIS. This system is not electronically connected to HUD and is only used by authorized agencies. All persons accessing the HMIS have received confidentiality training and have signed agreements to protect clients' personal information and limit its use appropriately. The HMIS Privacy Policy is available upon request. Any additional data sharing agreements, providing details on how the member agency handles client information beyond the baseline HMIS Privacy Policy, are available at the agency service sites.

I give permission to the agency listed below to collect and enter information into HMIS about me and my household, which may include demographics, picture, health information, and services that I receive from participating agencies. I understand that the HMIS is shared with and used by authorized agencies in my community for the purposes of:

- Assessing clients' needs in order to provide better assistance and to improve their current or future situations
- Improving the quality of care and service for people in need
- Tracking the effectiveness of community efforts to meet the needs of people who have received assistance
- Reporting data on an aggregate level that does not identify specific people or their personal information

I understand that:

- I have the right to review my HMIS record with an authorized user
- All agencies that use HMIS will treat my information with respect and in a professional and confidential manner
- Unauthorized people or organizations cannot gain access to my information without my consent
- Signing this release form does not guarantee that I will receive the requested services
- I understand that if I do not sign this form, it will not change whether or not I can receive services from the agency listed below and any other participating agencies. However, I would need to contact each such agency directly to apply for assistance and for a determination of eligibility
- I understand that this authorization shall remain in effect from the date of my signature below
- I understand that I may revoke this authorization at any time by notifying the agency listed below in writing. I also understand that the written revocation must be signed and dated later than the date on this authorization. The revocations will not affect any actions taken before the receipt of the written revocation.

My signature below authorizes the agency listed below to release my identity, health conditions when necessary, and my need for services and support to necessary individuals or agencies. Further, if I am unable to participate in a determination of those services, which would be of benefit to me, or my permission is needed in the future to authorize additional services for this project, my signature below authorizes the named individual to sign for assistance for me in my absence after receiving my verbal permission. Finally, if I am unable to make decisions, the person listed below is hereby authorized to represent me:

_____ Agency

_____ Print Client Name

_____ Relationship

_____ Client Signature

_____ Date

_____ Witness Signature

_____ Date



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