

**CITY OF PHILADELPHIA OFFICE OF HOMELESS SERVICES
NOTICE OF PRIVACY PRACTICES
FOR USE WITH
THE HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)**

**THIS NOTICE DESCRIBES HOW PRIVACY INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION. PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR PERSONAL INFORMATION IS IMPORTANT TO US.**

Purpose of This Notice

Philadelphia Homeless Management Information Systems (HMIS) is a standardized assessment and reporting system that allows authorized participating agency personnel throughout the City of Philadelphia, to collect client data, produce statistical reports, and share information with select partner agencies if a "HMIS Consent" form is signed by the client.

This notice tells you about how we use and disclose your protected personal information. It tells you about your rights and our responsibilities to protect the privacy of your protected personal information. It also tells you how to complain to us, or the government if you believe that we have violated any of your rights or any of our responsibilities.

We are required by law to maintain the privacy of your protected personal information. We must follow the terms of this notice that are currently in effect.

We reserve the right to change this Notice at any time. This Notice is not a legal contract. If this notice is changed, a copy of the revised notice will be available upon request or posted at our location or on our website. We may change our practices and those changes may apply to medical information we already have about you as well as any new information we receive in the future.

Instructions

We must check applicable state privacy law to determine if it provides greater privacy protections or rights than federal law. If so, our Notice must reflect those greater protections or rights. **CITY OF PHILADELPHIA, OFFICE OF HOMELESS SERVICES ("OHS")** must approve each Notice of Privacy Practices to ensure that the Notice sufficiently complies with applicable federal and state laws before we may distribute the Notice.

The Notice must be distributed to each individual no later than the date of our first service delivery, including service delivered electronically after the compliance date for the federal Privacy Rules established by the U.S. Department of Housing and Urban Development. **OHS,**

or the **OHS** Business Associates, must also have the Notice available at the service delivery site for individuals to request to take with them. At all physical service delivery sites, the Notice must be posted in a clear and prominent location where it is reasonable to expect any individuals seeking service from the **AGENCY** to be able to read the Notice. Whenever the Notice is revised, make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, the Notice must be distributed to each new client at the time of service delivery and to any person requesting a Notice.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your protected personal information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected personal information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect immediately, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected personal information that we maintain, including protected personal information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

What This Notice Covers

- A. OHS Business Associates or Agencies.
- B. The policy and practices in this notice cover the processing of protected personal information for clients of OHS and its contracted provider agencies.
- C. Protected Personal Information is any information we maintain about a client that:
 - 1. allows identification of a client/consumer directly or indirectly
 - 2. can be manipulated by a reasonably foreseeable method to identify a specific client/consumer, or
 - 3. can be linked with other available information to identify a specific client/consumer
- D. This notice describes the privacy policy and practices of OHS and its contracted provider agencies.

Why Collect Personal Information

- A. Personal information is collected for a number of purposes including but not limited to the following:

1. to provide or coordinate services to clients/consumers
 2. to locate other programs that may be able to assist clients/consumers
 3. for functions related to payment or reimbursement from others for services that are provided
 4. to operate our organization, including administrative functions such as legal, audits, personnel, oversight, and management functions
 5. to comply with government reporting obligations
 6. when required by law
- B. OHS and its contracted provider agencies will only use lawful and fair means to collect personal information. If you seek assistance from OHS and its contracted provider agencies and provide us with personal information, it is assumed that you consent to the collection of information as described in this notice unless you indicate otherwise. OHS and its contracted provider agencies may also get information about you from other sources, including the following:
1. Individuals who are with you
 2. Other private organizations that provide services
 3. Government agencies
 4. Telephone directories and other published sources
- C. OHS and its contracted provider agencies will provide this notice (upon your request) at various intake and service locations.

What Information Will Be Shared

Information you tell us about yourself, which may include:

- Your basic identifying information (for example: name, social security number, date of birth, gender, ethnicity, race, household relationships, contact information, and veteran status);
- Basic identifying information about other members in your household, if you are applying for housing together or they are currently living in a project with you (separate consent is needed for anyone 18+ years old); and
- Your history of homelessness and housing (for example: current housing status, present and/or prior living situation, length of time you have been homeless, where and when you have accessed housing-related services).
- Your income information (for example: sources and amounts of household income, employment information, and other resources, such as non-cash or public benefits);
- Your health and disability information (for example: chronic health conditions, disabling conditions, health insurance);
- Your eligibility for specific services with proper consent, as required (for example, services based on: sexual orientation, domestic violence experience, criminal history, DHS or child protection service involvement, veteran's status, behavioral health condition, or HIV/AIDS status); and

- Your service needs and preferences.
- Confirmation from DBHIDS, DHS, DPH, or VA whether you are eligible for specific projects or services, provided that you have signed an HMIS consent for the sharing of this information.

Uses or Disclosures That Are Required or Permitted by Law

OHS and its contracted providers will use protected personal information about you to provide you with services. OHS and its contracted providers may share this information with members of our staff or with others involved in your support. OHS and its contracted providers may also disclose your protected personal information to a member of your family or other person who is involved in your care upon your approval. We assume that you consent to the use or disclosure of your personal information for the purposes described here and for other uses and disclosures that we determine to be compatible with these uses or disclosures:

Coordination of Services – We may use or disclose your protected personal information to carry out service needs requested by individuals for assistance (shelter, housing, case management, etc.)

Creation of De-identified (Anonymous) Information – We may use your protected personal information to create a de-identified or anonymous data set that will be used for research or statistical purposes. We will not use or disclose your protected personal information for these purposes unless we have an agreement with the party that will describe how that party will protect your information, and you have provided us with your consent to use your information for these purposes.

For Administrative Functions - We may use or disclose your protected personal information to carry out the administrative functions of our office, such as:

- For functions related to payment or reimbursement for services
- To carry out administrative functions such as legal oversight, personnel oversight, management functions, and auditing purposes
- To comply with government reporting obligations for HMIS and for oversight of compliance with HMIS requirements.
- Before we make any use or disclosure of your personal information that is not described here, we will seek your consent first.

Data Management Purposes – We will share your protected personal information with the City of Philadelphia’s Data Management Office to be incorporated into the CARES database. This database is a centralized data warehouse that stores data for various City departments to help with the coordination of programs and service delivery. Your data in the CARES database can only be used or disclosed to other City departments or some external agencies for limited purposes such as grant development, service coordination, monitoring, program evaluation, and direct outreach. Before any of your identifiable protected personal information is shared with any other City department or agency, OHS and the Law Department will review the request and draft any necessary agreements to protect your information.

Your protected personal information may also be shared with case workers that are either employed by the City or under contract with the City through the HHS Client Snapshot application. This information will be shared to help provide services to you.

Academic Research Purposes – Both internal City staff and external organizations can request to use your protected personal information for academic research. All requests for data maintained by OHS are reviewed by both the OHS Performance Management Division and the Philadelphia Department of Public Health’s Institutional Review Board (“IRB”). We will also be sure only de-identified or aggregated data is shared with researchers, and will only share information once an agreement has been drafted by the Law Department to ensure that your information is protected.

Required by Law - We may use or disclose your protected personal information when we are required to do so by law.

Public Health Activities - We may disclose protected personal information about you if the HMIS user or developer, in good faith, believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Victims of Abuse, Neglect or Domestic Violence - We may disclose protected personal information about you to a government agency if we believe you are the victim of abuse, neglect or domestic violence.

Legal Activities - We may disclose protected personal information about you in response to a court proceeding. We may also disclose protected personal information about you in response to a subpoena or other legal process.

Disclosures for Law Enforcement Purposes - We may disclose protected personal information about you to law enforcement officials for law enforcement purposes:

- In response to a court order, subpoena, or other legal proceeding.
- To identify or locate a suspect, fugitive, material witness or missing person.
- When information is requested about an actual or suspected victim of a crime.
- To report a death as a result of possible criminal conduct.
- To investigate allegations of misconduct that may have occurred on our premises or to report a crime in emergency circumstances.

Funeral Directors, Coroners, and Medical Examiners - We may disclose protected personal information about you as necessary to allow these individuals to carry out their responsibilities.

National Security and Intelligence - We may disclose protected personal information about you to authorized federal officials for national security and intelligence activities.

Protective Services for the President and Others - We may use protected personal information about you to authorized federal officials for the provision of protective services to the President of the United States or other foreign heads of state.

Special Categories of Information: OHS and its contracted provider agencies may need to collect special categories of information that are protected by state and federal confidentiality laws. These special categories of information include mental health information, substance abuse information, and HIV information. OHS and its contracted provider agencies can only share this information if you explicitly consent to its sharing on the HMIS authorization form, and cannot share this information with anyone not named on the consent without obtaining your consent again.

Anonymous Records: OHS and its contracted provider agencies will also share the information that it collects as an anonymous record. An anonymous record will be created if you do not consent to having your information put into the HMIS. The anonymous record will not identify you. There are limitations on how OHS and its contracted provider agencies will share anonymous record information.

- A. OHS and its contracted provider agencies may use the information in an anonymous record to:
 - 1. maintain counts of clients served by their programs;
 - 2. prepare aggregate-level reports; and
 - 3. conduct administrative, operational activities.
- B. OHS and its contracted provider agencies cannot use the information in an anonymous record to:
 - 1. Re-identify or combine the information in a way that would allow the subject of the anonymous record to be identified;
 - 2. Contact any individual; or
 - 3. Do anything that is not permitted by this Notice or otherwise required by law.

For Administrative Operations

We may use or disclose your protected personal information for operational purposes. For example, we may use your protected personal information to evaluate our services, including the performance of our staff in caring for you. We may also use this information to learn how to continually improve the quality and effectiveness of the services that we provide to you.

There are some services that are provided for us by our business associates such as accountants, consultants, and attorneys. Whenever we share information with our business associates we will have a written contract with them that requires that they protect the privacy of your protected personal information.

Other Uses or Disclosures of Your Personal Information

Service Alternatives - We may use and disclose protected personal information about you to contact you about other services that are available to you. If you do not want to receive these communications, please notify our Complaint Officer in writing.

Related Benefits and Services - We may use and disclose protected personal information about you to contact you about other benefits or services that may interest you. If you do not want to receive these communications, please notify our Complaint Officer in writing.

Individuals Involved in Your Care - With your approval, we may disclose protected personal information about you to a family member, other relative, close friend, or any other person identified by you if they are involved in your care. We may also use or disclose protected personal information about you to notify those persons of your location, general condition, or death. If there is a family member, other relative or close friend to whom you do not want us to disclose protected personal information about you, please notify our Complaint Officer in writing.

Uses or Disclosures That Require Your Authorization

Other uses and disclosures will be made only with your written authorization, such as any uses or disclosures that involve the special categories of information described above. You may cancel an authorization at any time by notifying our Complaint Officer in writing of your desire to cancel it. If you cancel an authorization it will not have any affect on information that we have already disclosed. Examples of uses or disclosures that may require your written authorization include the following: A request to provide your protected personal information to an attorney for use in a civil law suit.

Your Rights

The information contained in your record maintained by the **AGENCY** is the physical property of the **AGENCY**. The information in it belongs to you. You have the following rights:

Right to Request Restrictions - You have the right to ask us not to use or disclose your protected personal information for a particular reason related to our services or our operations. You may ask that family members or other authorized individuals not be informed of specific protected personal information. That request must be made in writing to our Complaint Officer. We do not have to agree to your request. If we agree to your request, we must keep the agreement, except in the case of a medical emergency. Either you or the **AGENCY** can stop a restriction at any time.

Right to Inspect and Copy Your Protected Personal Information - You have the right to request to inspect and obtain a copy of your protected personal information. You must submit your request in writing to our Complaint Officer. If you request a copy of the information or that we provide you with a summary of the information we may charge a fee for the costs of copying, summarizing and/or mailing it to you. If we agree to your request we will tell you. We may deny your request under certain limited circumstances. Reasons that we can deny your request to inspect and obtain copies of your information are:

- A. the information was compiled in reasonable anticipation of litigation or comparable proceedings
- B. the information is about another client/consumer
- C. the 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 you are denied the right to inspect and obtain copies of your information in our records, we will explain the reason for the denial. We will also include, as part of the personal information we maintain, documentation of the request and the reason for the denial. We may reject repeated or harassing requests for access to your record.

Right to Request Amendments to Your Protected Personal Information - You have the right to request that we correct your protected personal information. If you believe that any protected personal information in your record is incorrect or that important information is missing, you must submit your request for an amendment in writing to our Complaint Officer. We do not have to agree to your request. If we deny your request we will tell you why. You have the right to submit a statement disagreeing with our decision.

Right To An Accounting of Disclosures of Protected personal information -- You have the right to find out what disclosures of your protected personal information have been made. The list of disclosures is called an accounting. The accounting may be for up to six (6) years prior to the date on which you request the accounting, but cannot include disclosures before July 1, 2004.

We are not required to include disclosures for services, payment, or operations or for National Security or Intelligence purposes, or to correctional institutions and law enforcement officials. The right to have an accounting may be temporarily suspended if it will impede the agency's activities. The notice of suspension should specify the time for which such a suspension is required. Requests for an accounting of disclosures must be submitted in writing to our Complaint Officer. You are entitled to one free accounting in any twelve (12) month period. We may charge you for the cost of providing additional accountings.

Right To Obtain a Copy of the Notice - You have the right to request and get a paper copy of this notice and any revisions we make to the notice at any time.

Right to Revoke Consent: You have the right to revoke your consent to have your information shared with other agencies through HMIS. Revoking your consent will not stop any sharing of information that has already occurred. You can revoke your consent by contacting your social worker or case manager.

Grievances

You have the right to file a grievance to us and to the United States Secretary of Housing and Urban Development if you believe we have violated your privacy rights. There is no risk in filing a grievance.

If you are concerned that we may have violated your privacy rights, you disagree with a decision we made about access to your protected personal information or in response to a request you made to amend or restrict the use or disclosure of your protected personal information, or have us communicate with you by alternative means or at alternative locations, you may file a grievance to us using the contact information listed in this notice.

To file a complaint with us, contact by phone or by mail:

Complaint Officer: Homeless Consumer Response Line
Telephone Number: 215-686-4700
Address: 1401 JKF Blvd, 10th Flr.
Philadelphia. PA 19102

Grievances or questions may be made by phone or in writing.

Questions and Information

If you have any questions or want more information about this Notice of Privacy Practices, please contact the person identified below by phone or in writing for information as defined under the **Your Rights** section of this notice.

We support your right to protect the privacy of medical information. We will not retaliate in any way if you choose to file a grievance with us.

Name: Homeless Consumer Response Line
Telephone Number: 215-686-4700
Address: 1401 JKF Blvd, 10th Flr.
Philadelphia. PA 19102

**CITY OF PHILADELPHIA OFFICE OF HOMELESS SERVICES
THE HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
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 _____

Notice offered/acknowledgment refused _____ Staff initials _____

Reason for refusal if known

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

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 checkmarks):

- 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 _____