

AGENCY AGREEMENT
For Minnesota's Homeless Management Information System

Minnesota's Homeless Management Information System ("Minnesota's HMIS") is an information system which maintains information regarding the characteristics and service needs of clients for a variety of reasons, including the provision of more effective and streamlined services to clients and the creation of information which communities can use to determine the use and effectiveness of services.

_____, ("Agency") has elected to participate in Minnesota's HMIS. Institute for Community Alliances ("ICA") is the primary coordinating Agency and the State System Administrator for Minnesota's HMIS. ICA has contracted with Bowman Systems, LLC, 333 Texas Street, Suite 300, Shreveport, LA 71101 ("Bowman"), to maintain the file server which contains all Client information, including encrypted identifying Client information, entered into Minnesota's HMIS.

Agency and ICA agree as follows:

1. General Understandings.

- a. In this Agreement, the following terms will have the following meanings:
 - "Client" refers to a consumer of services;
 - "Agency" refers generally to any service-providing Agency participating in Minnesota's HMIS, excluding the system administrator (ICA) or Bowman Systems.
 - "Enter(ing)" or "entry" refers to the entry of any Client information into Minnesota's HMIS.
 - "Shar(e)(ing)," or "Information Shar(e)(ing)" refers to the sharing of information which has been entered in Minnesota's HMIS with another Agency.
- b. Agency understands that when it enters information into Minnesota's HMIS, such information will be available to ICA and Bowman, who may review and use the data to administer Minnesota's HMIS, which includes conducting research and preparing reports that may be submitted to others in aggregate form without individual identifying client information. Information entered into Minnesota's HMIS may also be used or disclosed when required or permitted by law, including to auditors or funders who have legal rights to review the work of the Agency. Information entered into Minnesota's HMIS may also be disclosed to other entities or organizations in accordance with an Agency Partnership Agreement entered into between the Agency and the other entities or organizations.

2. Confidentiality.

- a. Agency will not (i) enter information into Minnesota's HMIS which clients refuse to provide; and (ii) will not designate information for sharing which Agency is not authorized to share, under any relevant federal, state, or local confidentiality laws, regulations or other restrictions applicable to Client information. By entering information into Minnesota's HMIS or designating it for sharing, Agency represents that it has the authority to enter such information or designate it for sharing.
- b. Agency represents that:
 - i. (CHECK ONE) it is _____; is not _____ a "covered entity" whose disclosures are restricted under HIPAA (45 CFR 160 and 164). Note: an additional Business Associates agreement is needed from your agency to be able to share data with ICA if you are covered under HIPAA;

- ii. (CHECK ONE) it is _____; is not _____ a program whose disclosures are restricted under Federal Drug and Alcohol Confidentiality Regulations: 42 CFR Part 2. Note: A Qualified Service Organization Agreement is required from your agency if you are covered under 42 CFR Part 2. If Agency is covered by 42 CFR Part 2 (federally-assisted alcohol abuse or drug abuse program providing alcohol or drug abuse diagnosis, treatment, or referral for treatment), it will not share Client data for purposes of sharing with other agencies;
 - iii. (CHECK ONE) it is _____; is not _____ a program whose primary target clientele is unaccompanied youth;
 - iv. (CHECK ONE) it is _____; is not _____ a program whose primary target clientele are victims of domestic violence (e.g., battered women’s shelter);
 - v. If Agency is subject to HIPAA, (45 CFR 160 and 164 et seq) or 42 CFR Part 2, a fully executed Business Associate or Business Associate/Qualified Service Organization Agreement must be initiated by Agency and submitted along with this agreement before information may be entered. Sharing of information will be permitted only if the Client has signed an authorization.
 - vi. If Agency is subject to the Minnesota Government Data Practice Act (the “Data Practices Act”), or other laws or requirements which restrict Agency’s ability to either enter or authorize sharing of information, Agency will ensure that any entry it makes and all designations for sharing fully comply with all applicable laws or other restrictions.
- c. Agency may submit a Data Sharing Requirement Waiver Request to ICA (Exhibit E) demonstrating that the clients served by Agency have unique needs in which sharing client data could jeopardize the health or safety of the client, or that there are other reasons why strict confidentiality must be maintained for Agency’s clients. ICA may waive the data sharing requirements of HMIS on a case-by-case basis.
- d. To the extent that information entered by Agency into Minnesota’s HMIS is or becomes subject to additional restrictions, Agency will immediately inform ICA in writing of such restrictions.
- 3. Display of Notice.** Pursuant the notice published by the Department of Housing and Urban Development (“HUD”) on July 30, 2004, Agency will prominently display “Minnesota’s HMIS: Posted Data Privacy Notice” (“Notice”) in its program offices where intake occurs and will take appropriate steps to ensure that all Clients whose information is entered into or accessed from Minnesota’s HMIS, read and understand the contents of the Notice. The Notice will be substantially in the form attached as Exhibit B, except that (a) where an Agency’s treatment of information is materially limited by other applicable laws or requirements (such as HIPAA, 42 CFR Part 2, or the Data Practices Act), the Agency’s Notice must reflect the more stringent requirements¹; and (b) Agency will update its Notice whenever ICA updates and distributes a new form of Notice to Agency. Agency will provide a written copy of the Agency’s Notice then in effect to any Client who requests it. Agency will maintain documentation of compliance with these notice requirements by, among other things, maintaining copies of all Notices it uses and the dates upon which they were first used.

¹ Entities covered by other applicable laws and agreements should note that the Notice attached at Exhibit B pertains only to HMIS and should not be used as a more general Notice of Privacy Practices, at least without substantial revision. For example, the Notice does not contain various HIPAA-required provisions (especially for treatment of data not related to HMIS). Agencies must make sure that they provide all notices as required by applicable laws and agreements.

- 4. Release of Information.** Prior to designating any information for sharing with other Agencies, Agency will obtain the informed consent of the Client, using “Minnesota’s HMIS Release of Information” (Exhibit A). If a Client does not consent pursuant to Minnesota’s HMIS Release of Information form, information may be entered into Minnesota’s HMIS, but may not be shared with other Agencies. It is the responsibility of Agency entering information about a Client to determine whether consent has been obtained; to make appropriate entries to either designate the information as appropriate for sharing or prohibit information sharing; and to implement any restrictions on information sharing. At a minimum, Agency must meet the following standards:
- a. Agency will use the Minnesota’s HMIS Release of Information form ("Consent"), for all Clients where written consent is required. The current form is attached and may be modified from time to time by ICA (Exhibit A).
 - i. If Agency does not share data with other Agencies, the Consent form is not required. However, Agency will provide Minnesota’s HMIS Data Privacy Notice for review by all Clients and provide Clients with copies as requested. If questions arise (for example questions on which programs within the Agency share data with other agencies), Agency will contact ICA.
 - b. Agency will note any limitations or restrictions on information sharing on a Client's Consent with appropriate data entries into Minnesota' HMIS. If questions arise (for example questions on how to implement restrictions on information sharing), Agency will contact ICA.
 - c. Agency will be responsible for insuring that consent is knowing, informed and given by a person competent to provide consent. For example, in the case of a minor, Agency will comply with applicable laws regarding minor consent by obtaining the consent of a parent or guardian, unless consent of the minor is acceptable under the Minor Consent law (e.g. Minn. Stat. §144.341–144.347). In cases of incompetent adults, the Agency must obtain consent from a person authorized to consent under Minnesota law.
 - d. If a Client withdraws or revokes consent for release of information, Agency is responsible for immediately contacting ICA to ensure that Client's information will not be shared with other Agencies from that date forward.
 - e. Agency will keep all copies of the Consent forms signed by Clients for a period of seven years. Such forms will be available for inspection and copying by ICA at any time.
 - f. **Covered Entities.** Covered Entities under HIPAA and any program subject to 42 CFR Part 2 must obtain a signed Minnesota’s HMIS Release of Information before authorizing ICA to use or disclose information entered into HMIS. If a Client does not sign Minnesota’s HMIS Release of Information form, information may be entered into Minnesota’s HMIS, but may not be further disclosed. The information may be used by ICA as permitted by law and the HMIS Data Privacy Notice. It is the responsibility of Agency entering information about a Client to assure compliance with HIPAA including assuring that all appropriate HIPAA Notices have been provided to Clients, to determine whether consent has been obtained; to make appropriate entries to either designate the information as appropriate for use or disclosure by ICA or to prohibit such use or disclosure; and to implement any restrictions on the use of the information.
 - i. If Agency is a covered entity under HIPAA or 42 CFR Part 2, Agency’s forms may be utilized, but Agency shall supplement its forms with the forms in Exhibit A to include the information conveyed in “Minnesota’s HMIS: Data Privacy Notice & Consent Form.”
 - ii. If Agency is a covered entity under HIPAA or 42 CFR Part 2, a separate Consent form will be obtained for each individual that is seeking services.

5. **No Conditioning of Services.** Agency will not condition any services upon or decline to provide any services to a Client based upon a Client's refusal to sign a form for the sharing of information in Minnesota's HMIS, unless a program funder or internal management practices require the entry of identified information into HMIS to deliver services.
6. **Re-release Prohibited.** Agency agrees not to release any Client identifying information received from Minnesota's HMIS to any other person or organization without a Minnesota's HMIS Release of Information form, or as required by law.
7. **Client Inspection/Correction.** Agency will allow a Client to inspect and obtain a copy of his/her own personal information except for information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or where another exception applies under law. Agency will also allow a Client to correct information which is inaccurate or incomplete. Corrections will be made by way of a new entry which is in addition to but is not a replacement for an older entry.
8. **Security.** Agency will maintain security and confidentiality of Minnesota's HMIS information and is responsible for the actions of its users and for their training and supervision. Among the steps Agency will take to maintain security and confidentiality are:
 - a. **Access.** Agency will permit access to Minnesota's HMIS or information obtained from it only to paid employees or supervised volunteers who need access to Minnesota's HMIS for legitimate business purposes (such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements). Agency will limit the access of such employees to only those records required for work assignments.
 - b. **User Policy.** Prior to permitting any user to access Minnesota's HMIS, Agency will require the user to sign a User Policy, Responsibility Statement & Code of Ethics as such Policy may be amended from time to time by ICA (the "User Policy"). Agency will comply with, and enforce the User Policy and will inform ICA immediately in writing of any breaches of the User Policy. The current User Policy is attached at Exhibit C.
 - c. **Computers.** Agency will allow access to Minnesota's HMIS only from computers which are (a) physically present on Agency's premises; (b) owned by Agency; or (c) approved by Agency for the purpose of accessing and working with Minnesota's HMIS. Computers used to access Minnesota's HMIS must be secured in a manner consistent with guidelines issued from time to time by HUD and/or ICA. A copy of the current guidelines are set forth in attached Exhibit D.
 - d. **Passwords.** Agency will permit access to Minnesota's HMIS only with use of a User ID and password which the user may not share with others. Written information pertaining to user access (e.g. username and password) shall not be stored or displayed in any publicly accessible location. Passwords and user names shall be consistent with guidelines issued from time to time by HUD and/or ICA. The current password requirements are contained at Exhibit D.
 - e. **Training/Assistance.** Agency will permit access to Minnesota's HMIS only after the authorized user receives appropriate confidentiality training including that provided by ICA. Agency will also conduct ongoing basic confidentiality training for all persons with access to Minnesota's HMIS and will train all persons who may receive information produced from Minnesota's HMIS on the confidentiality of such information. Agency will participate in such training as is provided from time to time by ICA. ICA will be reasonably available during normal weekday business hours for technical assistance (i.e. troubleshooting and report generation).
 - f. **Records.** Agency and ICA will maintain records of any disclosures of Client identifying information either of them makes of Minnesota's HMIS information for a period of six years after such disclosure. On request of a client, Agency and ICA will provide an accounting of all such disclosures within the prior six-year period. ICA will have access to an audit trail from

Minnesota's HMIS so as to produce an accounting of disclosures made from one Agency to another by way of sharing of information from Minnesota's HMIS.

- g. **Additional Security.** Agency will insure that HMIS workstations are protected from viruses by commercially available and effective virus protection software. Agency will at all time comply with security requirements set forth by HUD and/or ICA. The current such requirements are set forth in the attached Exhibit D.
- h. **Breach Notification.** Agency will notify ICA of any breach, use, or disclosure of information not provided for by this agreement, within five business days of discovery.

9. Information Entry Standards

- a. Information entered into Minnesota's HMIS by Agency will be truthful, accurate and complete to the best of Agency's knowledge.
- b. Agency will not solicit from Clients or enter information about Clients into the Minnesota's HMIS database unless the information is required for a legitimate business purpose such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements.
- c. Agency will only enter information into Minnesota's HMIS database with respect to individuals which it serves or intends to serve, including through referral.
- d. Agency will enter information into the Minnesota's HMIS database promptly upon receipt and will enter all information in accordance with current data entry practices established by Minnesota's HMIS.
- e. Agency will not alter or over-ride information entered by another Agency.

10. Use of Minnesota's HMIS

- a. Agency will not access identifying information for any individual for whom services are neither sought nor provided by the Agency (except to the extent that Agency views names and other basic identifying information from a non-client in order to avoid the creation of a duplicate record). Agency may access identifying information on the Clients it serves and may access statistical aggregate, non-identifying information on both the clients it services and clients it does not serve.
- b. Agency may report aggregate information to other entities for funding or planning purposes. Such aggregate information shall not directly identify individual Clients.
- c. Agency will use Minnesota's HMIS database for its legitimate business purposes only.
- d. Agency will not use Minnesota's HMIS in violation of any federal or state law, including, but is not limited to, copyright, trademark and trade secret laws, and laws prohibiting the transmission of material, which is threatening, harassing or obscene, and material considered protected by trade secret.
- e. Agency will not use the Minnesota's HMIS database to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.

11. Fee. Agency agrees to pay fees currently established by Minnesota's HMIS. Payment must be received before agency training.

12. Proprietary Rights of Bowman Systems

- a. Agency shall not give or share assigned passwords and access codes for Minnesota's HMIS with any other Agency, business, or individual.
- b. Agency shall not cause in any manner, or way, corruption of the Minnesota's HMIS database in any manner.

13. HMIS Governance. ICA will collaborate with HMIS Governance, comprised of representatives from Minnesota's Continuum of Care regions, State funders, and at-large members, to oversee system

work. Complaints by Clients which are not resolved at the Agency level or at ICA may be forwarded to HMIS Governance, which will try to reach a voluntary resolution of the complaint.

14. Additional Terms and Conditions

- a. Agency will abide by the terms of its Notice and by such guidelines as are promulgated by HUD and/or ICA from time to time regarding the administration of Minnesota's HMIS.
- b. Agency and ICA intend to abide by applicable law. Should any term of this agreement be inconsistent with applicable law, or should additional terms be required by applicable law, Agency and ICA agree to modify the terms of this agreement so as to comply with applicable law.
- c. Neither ICA nor Agency will transfer or assign any rights or obligations without the written consent of the other party.
- d. This Agreement will be in force until terminated by either party. Either party may terminate this agreement on 20 days written notice for any reason or no reason. Either party may terminate this agreement immediately upon a breach of this agreement by the other party.
- e. If this Agreement is terminated, Agency will no longer have access to Minnesota's HMIS. ICA and the remaining Agencies will maintain their right to the use of all Client information previously entered by Agency except to the extent a restriction is imposed by the Client or by law.

Signed,

Signature of Executive Director _____ Date _____ Print _____

name and official title _____ Agency _____

(Legal name) _____ Email _____

Address (_____) _____ - _____ X _____

Phone _____

Street Address _____, MN City Zip Code _____ Mailing _____

Address – Leave Blank If Same As Above _____, MN City Zip Code _____

EXHIBIT A

Release of Information

Release of Information – Use for all agencies except MGDPA and HIPAA covered agencies (Page 1 of 2)

Minnesota's HMIS Data Privacy Notice

We collect personal information about the people we serve in a computer system called Minnesota's HMIS (Homeless Management Information System). Many social service agencies use this computer system, including street outreach, shelters, and housing programs.

Why do we collect this information?

- To help keep this program and others like it going. We are required to use HMIS.
- So we know how many people we serve and the types of people we serve at our agency and in the state.
- So we all understand what people need and can plan services to meet these needs.

Who can see information that is in Minnesota's HMIS?

- People who work for this agency will use it to help provide services to you or your family.
- Other agencies like this agency that provide services and have received permission from you to see your information. The agencies that participate in Minnesota's HMIS may change from time to time. A copy of the current list of participating agencies is available upon request.
- Auditors or funders who have legal rights to review the work of this agency, such as the U.S. Department of Housing and Urban Development and other state or local government entities.
- Organizations that run, administer, and work on the system, such as the Institute for Community Alliances or Local System Administrators. When these organizations work on the system, they may see information about you.
- People using HMIS information to do research and write reports, including, but not limited to, the Minnesota Department of Human Services (DHS). Your personally identifiable information will **never** appear in research reports.
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to Child or Adult Protection.
- We may release your information to protect the health or safety of you or others as required by law.
- Others as required by law, including officials with a valid subpoena, warrant, or court order.

We will not release your information for any other use unless you permit us in writing.

How is your privacy protected?

- All users of data must sign an agreement to protect your privacy and comply with state and federal laws and policies before seeing any information.
- The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements.

What are your rights?

- **If you do not want your name, social security number, or date of birth entered in HMIS, tell the intake worker.** This agency will **not** refuse to help you for denying this. However, federal and state regulations may require limited data collection for funding purposes.
- You have the right to request a copy of the Minnesota's HMIS information about you.
- You have the right to correct mistakes in HMIS information about you.
- If you think this agency or Minnesota's HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form.

Minnesota's HMIS Release of Information

For: _____
Print First, Middle, and Last Name (Complete one form for each adult) Date of Birth _____

Your personal information will be collected in Minnesota's HMIS and, with your consent, shared with other service providers/homeless agencies. If you do not give permission for this agency to share your information, no other agency in the network will have access to it.

Why share your information?

- Sharing reduces the amount of time you have to spend answering basic questions about your situation.
- Sharing allows agencies to focus on meeting your unique needs more quickly.
- Sharing makes it easier for multiple agencies to coordinate housing and services for you and your family.

What information might be shared?

- Family/Household information
- Name, birthdate, Social Security Number
- Gender, race, ethnicity
- Reasons for seeking services
- Living situation and housing history
- Services you receive
- If you are homeless or not
- Your income and income sources
- Public benefits you receive
- History of domestic violence
- Educational background
- Employment information
- Military history
- Health information, including physical health, HIV, behavioral health

Please check (✓) a box:

- SHARE:** I consent to have the information collected about me shared through Minnesota's HMIS with other partner agencies in order to improve services to me and the services offered to others.
- DO NOT SHARE:** I do **not** want **any** of the information about me in Minnesota's HMIS shared with any other service providers/homeless agencies. I understand that not sharing my information may affect the ability to quickly and appropriately identify services for me.

When you sign this form, it shows that you understand the following.

- We will **not** deny you help if you do not want us to share your personal information. At the same time, sharing data does not guarantee that you will receive assistance.
- If you permit us to share your information, this consent is valid until canceled by you.
- If you permit us to share your information, you may change your mind and cancel this consent at any time. If you cancel this consent, your information will no longer be shared from that date forward.

SIGNATURE OF CLIENT OR GUARDIAN DATE Signature of agency witness Date

- Please treat information about my children age 17 or younger the same as mine.
- Verbal Consent obtained by phone (Agency Staff Signature): _____ Date: _____

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- So we all understand what people need and can plan services to meet these needs.

Who can see information that is in Minnesota's HMIS?

- People who work for this agency will use it to help provide services to you or your family.
- Other agencies like this agency that provide services and have received permission from you to see your information. The agencies that participate in Minnesota's HMIS may change from time to time. A copy of the current list of participating agencies is available upon request.
- Auditors or funders who have legal rights to review the work of this agency, such as the U.S. Department of Housing and Urban Development and other state or local government entities.
- Organizations that run, administer, and work on the system, such as the Institute for Community Alliances or Local System Administrators. When these organizations work on the system, they may see information about you.
- People using HMIS information to do research and write reports, including, but not limited to, the Minnesota Department of Human Services (DHS). Your personally identifiable information will never appear in research reports.
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to Child or Adult Protection.
- We may release your information to protect the health or safety of you or others as required by law.
- Others as required by law, including officials with a valid warrant or court order.

We will not release your information for any other use unless you permit us in writing.

How is your privacy protected?

- All users of data must sign an agreement to protect your privacy and comply with state and federal laws and policies before seeing any information.
- The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements.

What are your rights?

- If you do not want your name, social security number, or date of birth entered in HMIS, tell the intake worker. This agency will not refuse to help you for denying this. However, federal and state regulations may require limited data collection for funding purposes and refusing to provide that information may result in this agency not being able to help you.
- You have the right to request a copy of the Minnesota's HMIS information about you.
- You have the right to correct mistakes in HMIS information about you.
- If you think this agency or Minnesota's HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form.

Minnesota’s HMIS Release of Information

For: _____
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Your personal information will be collected in Minnesota’s HMIS and, with your consent, shared with other service providers/homeless agencies. If you do not give permission for this agency to share your information, no other agency in the network will have access to it.

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- Sharing makes it easier for multiple agencies to coordinate housing and services for you and your family.

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- Reasons for seeking services
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- Services you receive
- If you are homeless or not
- Your income and income sources
- Public benefits you receive
- History of domestic violence
- Educational background
- Employment information
- Military history
- Health information, including physical health, HIV, behavioral health

Please check (✓) a box:

- SHARE:** I consent to have the information collected about me shared through Minnesota’s HMIS with other partner agencies in order to improve services to me and the services offered to others.
- DO NOT SHARE:** I do **not** want **any** of the information about me in Minnesota’s HMIS shared with any other service providers/homeless agencies. I understand that not sharing my information may affect the ability to quickly and appropriately identify services for me.

When you sign this form, it shows that you understand the following.

- We will **not** deny you help if you do not want us to share your personal information. At the same time, sharing data does not guarantee that you will receive assistance.
- If you permit us to share your information, this consent is valid until canceled by you.
- If you permit us to share your information, you may change your mind and cancel this consent at any time. If you cancel this consent, your information will no longer be shared from that date forward.

SIGNATURE OF CLIENT OR GUARDIAN DATE Signature of agency witness Date

- Please treat information about my children age 17 or younger the same as mine.

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- People who work for this agency will use it to help provide services to you or your family.
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- Auditors or funders who have legal rights to review the work of this agency, such as the U.S. Department of Housing and Urban Development and other state or local government entities.
- Organizations that run, administer, and work on the system, such as the Institute for Community Alliances or Local System Administrators. When these organizations work on the system, they may see information about you.
- People using HMIS information to do research and write reports, including, but not limited to, the Minnesota Department of Human Services (DHS). Your personally identifiable information will never appear in research reports.
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to Child or Adult Protection.
- We may release your information to protect the health or safety of you or others as required by law.
- Others as required by law, including officials with a valid subpoena, warrant, or court order.

We will not release your information for any other use unless you permit us in writing.

How is your privacy protected?

- All users of data must sign an agreement to protect your privacy and comply with state and federal laws and policies before seeing any information.
- The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements.

What are your rights?

- If you do not want your name, social security number, or date of birth entered in HMIS, tell the intake worker. This agency will not refuse to help you for denying this. However, federal and state regulations may require limited data collection for funding purposes.
- You have the right to request a copy of the Minnesota's HMIS information about you.
- You have the right to correct mistakes in HMIS information about you.
- If you think this agency or Minnesota's HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form.

Minnesota’s HMIS Release of Information

For: _____
Print First, Middle, and Last Name (Complete one form for each adult) _____ Date of Birth _____

Your personal information will be collected in Minnesota’s HMIS and, with your consent, shared with other service providers/homeless agencies. If you do not give permission for this agency to share your information, no other agency in the network will have access to it.

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- Sharing reduces the amount of time you have to spend answering basic questions about your situation.
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- Public benefits you receive
- History of domestic violence
- Educational background
- Employment information
- Military history
- Health information, including physical health, HIV, behavioral health

Please check (✓) a box:

- SHARE:** I consent to have the information collected about me to be shared through Minnesota’s HMIS with other partner agencies in order to improve services to me and the services offered to others.
- DO NOT SHARE:** I do **not** want **any** of the information about me in Minnesota’s HMIS shared with any other service providers/homeless agencies. I understand that not sharing my information may affect the ability to quickly and appropriately identify services for me.

When you sign this form, it shows that you understand the following.

- We will **not** deny you help if you do not want us to share your personal information. At the same time, sharing data does not guarantee that you will receive assistance.
- If you permit us to share your information, this consent is valid until canceled by you.
- If you permit us to share your information, you may change your mind and cancel this consent at any time. If you cancel this consent, your information will no longer be shared from that date forward.

SIGNATURE OF CLIENT OR GUARDIAN _____ DATE _____ Signature of agency witness _____ Date _____

Consent for research uses of information in Minnesota’s HMIS. Please check (✓) one:

- Yes, include in research.** I understand that information about me that is in Minnesota’s HMIS may be used to conduct research related to homelessness and housing programs, service needs, income supports, education and employment, and program effectiveness. My name, social security number or other information that would identify me personally will **never** appear on a research report.
- No, do not include in research.** I do not want my information used for research purposes.

Please treat information about my children age 17 or younger the same as mine.

EXHIBIT B

Minnesota's HMIS Posted Data Privacy Notice

We collect personal information about the people we serve in a computer system called Minnesota's HMIS (Homeless Management Information System). Many social service agencies use this computer system.

We use the personal information to run our programs and to help us improve services. Also, we are required to collect some personal information by organizations that fund our program.

You do not have to give us information. However, without your information we may not be able to help you. Also, we may not be able to get help for you from other agencies.

You have a right to review the personal information that we have about you. If you find mistakes, you can ask us to correct them. You have a right to file a complaint if you feel that your data privacy rights have been violated.

Please tell our staff if you have questions. If you need a grievance form or a complete copy of our privacy policy, please ask our agency staff.

EXHIBIT C

User Policy, Responsibility Statement & Code of Ethics

For: _____
User (Print Name)

From: _____
(Print Agency Name)

USER POLICY

Partner Agencies who use Minnesota's HMIS and each user within any Partner Agency is bound by various restrictions regarding the Client information.

It is a client's decision about which information, if any, is entered into Minnesota's HMIS and whether that information is to be shared and with any Partner Agencies. If your agency is covered by HIPAA or 42 CFR Part 2 (federally-defined treatment facility), it is also Client's decision about whether the Institute for Community Alliances (ICA) may use information for research purposes. The appropriate Minnesota's HMIS Client Informed Consent and Release of Information Authorization shall be signed by Client before any Client information is designated for sharing with any Partner Agencies, or, in the case of HIPAA covered entities, authorized for research use. User shall insure that prior to obtaining Client's signature, the Agency's Notice of Uses and Disclosures was fully reviewed with Client in a manner to insure that Client fully understood the information (e.g. securing a translator if necessary).

USER RESPONSIBILITY

A User ID and password give a User access to the Minnesota HMIS system. User must initial each item below to indicate User's understanding and acceptance of the proper use of User's ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from Minnesota's HMIS.

_____	My password is for my use only and must not be shared with anyone. I must take all reasonable means to keep my password physically secure.
_____	I understand that the only individuals who can view information in Minnesota's HMIS are authorized Users who need the information for legitimate business purposes of this Agency and the Clients to whom the information pertains.
_____	I may only view, obtain, disclose, or use the database information that is necessary to perform my job.
_____	If I am logged into Minnesota's HMIS and must leave the work area where the computer is located, I must log-off before leaving the work area.
_____	Any hard copies of personally identifiable (client-level) information printed from Minnesota's HMIS must be kept in a secure file, and destroyed when no longer needed.
_____	If I notice or suspect a security breach, I must immediately notify the executive director of the Agency and the System Administrator for Minnesota's HMIS (Institute for Community Alliances (ICA)).

USER CODE OF ETHICS

- a. Users must be prepared to answer client questions regarding Minnesota's HMIS.
- b. Users must faithfully respect client preferences with regard to the entry and sharing of client information within Minnesota's HMIS. Users must accurately record Client's preferences by making the proper designations as to sharing of Client information and/or any restrictions on the sharing of Client information.
- c. Users must allow client to change his or her information sharing preferences at the client's request.
- d. Users must not decline services to a client or potential client if that person (i) refuses to allow entry of information into Minnesota's HMIS (except if that policy is over-ridden by agency policy); or (ii.) refuses to share his or her personal information with other service providers via Minnesota's HMIS.
- e. The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.
- f. Users will not solicit from or enter information about clients into Minnesota's HMIS unless the information is required for a legitimate business purpose such as to provide services to the client.
- g. Users will not alter or override information entered by another Agency.
- h. Users will not include profanity or offensive language in Minnesota's HMIS; nor will Users use Minnesota's HMIS database for any violation of any law, to defraud any entity or conduct any illegal activity.
- i. Upon client request users must allow a client to inspect and obtain a copy of the client's own information maintained within Minnesota's HMIS. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.
- j. Users must permit Clients to file a written complaint regarding the use or treatment of their information within Minnesota's HMIS. Client may file a written complaint with either the Agency or the Institute for Community Alliances (ICA). If not satisfied, clients may file a complaint with the HMIS advisory body via the Minnesota Coalition for the Homeless. Clients may not be retaliated against for filing complaints.

I understand and agree to comply with all the statements listed above.

User Signature: _____ Date: _____

Preferred ServicePoint Login (username): _____

Work Phone: _____ E-mail Address: _____

Witness Signature (ICA State System Administrator): _____ Date: _____

EXHIBIT D

Minnesota's HMIS Computer Security Guidelines

Security for data maintained in Minnesota's HMIS depends on a secure computing environment. This document provides guidance on computer security for agencies that are directly accessing Minnesota's HMIS. Except for the last sentence of section C and section D, this guidance is adapted from relevant provisions of the Department of Housing and Urban Development's (HUD) "Homeless Management Information Systems (HMIS) Data and Technical Standards Notice" (Docket No. FR 4848-N-01; see <http://www.hud.gov/offices/cpd/homeless/hmis/>). Agencies are encouraged to directly consult that document for complete documentation of HUD's standards relating to HMIS.

A. Passwords

Passwords shall be at least eight characters long and meet industry standard complexity requirements, including, but not limited to, the use of at least one of each of the following kinds of characters in the passwords: Upper and lower-case letters, and numbers and symbols. Passwords shall not be, or include, the username, the HMIS name, or the HMIS vendor's name. In addition, passwords should not consist entirely of any word found in the common dictionary or any of the above spelled backwards. The use of default passwords on initial entry into the HMIS application is allowed so long as the application requires that the default password be changed on first use. Written information specifically pertaining to user access (e.g., username and password) shall not be stored or displayed in any publicly accessible location.

B. Virus protection

HMIS workstations shall be protected from viruses by commercially available virus protection software.

C. Physical Access to Computers with Access to HMIS Data

Computers that are used to collect HMIS data shall be staffed at all times when in public areas. When workstations are not in use and staff are not present, steps should be taken to ensure that the computers and data are secure and not publicly accessible. These steps should minimally include: Logging off the data entry system, shutting down the computer, and storing the computer and data in a locked room. Computers with secure and activated password-protected screensavers – for example as in Microsoft's XP operating system – also may be left unattended at the agency's discretion.²

D. Browser Defaults

Some browsers have the capacity to remember passwords, so that the user does not need to type in the password when returning to password-protected sites. This default should NOT be used with respect to Minnesota's HMIS; the end-user is expected to physically enter the password each time he or she logs on to the system.

² Note that some "password protected" screen savers, such as that included in the Windows 95 operating system, have well-known security loopholes, and should *not* be considered secure.

EXHIBIT E

Minnesota's HMIS Data Sharing Requirement Waiver Request

Minnesota's HMIS requires participating Agency's to provide clients with two forms: Minnesota's HMIS Data Privacy Notice & Consent to Enter Into HMIS and Minnesota's HMIS Release of Information, which enables HMIS to share client information. An Agency may request a waiver from providing the forms and sharing client information if the Agency demonstrates in writing:

- The clients served by the program have unique needs such that sharing client data could jeopardize the health or safety of the client. The Agency should submit an explanation describing the special needs; or
- There are other reasons, such as data sharing laws specific to the Agency, why strict confidentiality must be maintained for the Agency's clients.

Wilder will waive the data sharing requirements of HMIS on a case-by-case basis, and such decision will be made by Wilder staff.

Agency Name: _____

Agency Address: _____

Contact Name and Title: _____

Contact phone and email: _____

Waiver request for:

Entire Agency (all programs) (*Data security = Closed*)

Specific Program (identify program name) _____

Attach a one page statement indicating why the HMIS data sharing requirements should be waived for Agency. Return this form and your statement to the Wilder Foundation.

Signed: _____
(Executive Director)

Date: _____