

**Homeless Management Information System (HMIS)**  
**Notice of Privacy Practices**  
**Effective 10/2022**  
**Version 4.0**

**The purpose of this notice is to explain to you why we collect personal information from you and refer you to the HMIS Statement of Privacy Practices for additional information regarding how this information may be used or disclosed.**

When you request services from this agency, we enter information about you, and members of your family, into a computer system, called the Homeless Management Information System (HMIS). We collect personal information directly from you for reasons that are discussed in our ***HMIS Statement of Privacy Practices***. We may be required to collect some personal information as required by the United States Dept of Housing and Urban Development (HUD), by law, or by organizations that this agency funds to operate this program. The personal information we collect is important to run our programs, to improve services for homeless, or those at risk of homelessness, individuals and families.

We may use or disclose your information to provide you with services. We may also use or disclose your information to comply with legal and other obligations. We assume that you agree to allow us to collect information, and to use or disclose it, as described in the HMIS Statement of Privacy Practices.

You can inspect personal information about you that we maintain, as provided in the HMIS Statement of Privacy Practices. You can also ask us to correct inaccurate or incomplete information. Please contact the Case Manager, agency Site Administrator, or Executive Director of the agency who entered the data to make this request.

Please read the HMIS Statement of Privacy Practices for additional information. You will be provided with a copy of the HMIS Statement of Privacy Practices upon request.

# **HMIS STATEMENT OF PRIVACY PRACTICES**

## **Effective: 10/2022**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **IHCDA's Homeless Management Information System (HMIS)**

When you request services from this agency, we will enter information about you and your family into the Homeless Management Information System, a computer database commonly referred to as "HMIS". This HMIS is administered by the Indiana Housing and Community Development Authority ("IHCDA"). The HMIS is used by many agencies throughout the state of Indiana that provide services to persons and families in need. The information collected in the HMIS will help us reduce duplicate intakes, document the need for services, provide historical information, and generate reports in order to comply with federal requirements and expectations.

### **How your information in the HMIS may be used or disclosed**

Unless restricted by other laws, your information will be used as follows:

- to provide individual case management, services, and/or treatment to you at this agency and other agencies that use the HMIS
- for statistical purposes, such as determining the number of persons that are homeless
- to track individual program-level outcomes
- to identify unfilled service needs and plan for the provision of new services
- to obtain payment for services provided to you
- for quality assessment, training, evaluation, legal and business planning, and other health care operations
- to allocate resources among agencies engaged in the provision of services
- other uses allowed by law

The information about you can also be used by, or disclosed to, the following:

- Authorized individuals who work for an agency for administrative purposes related to providing services to you or your family, or for billing or funding purposes.
- Auditors or others who review the work of an agency or need to review the information to provide services to an agency.
- The HMIS team at IHCDA and its designees, the HMIS software developer, and other individuals involved in maintaining the HMIS may see the information for administrative purposes (for example, to check data errors).
- Individuals performing academic research who have signed a research agreement with this agency or IHCDA. Your name, social security number or other identifying information will not appear in any research report.
- This agency, IHCDA, or its vendor may use your information to create reports that have your identifying information removed.

- Government or social services agencies that are authorized to receive reports of infectious disease, abuse, neglect, or domestic violence, when such reports are required by law or standards of ethical conduct.
- A coroner or medical examiner or funeral director to carry out their duties.
- Authorized federal officials for the conduct of certain national security or certain activities associated with the protection of certain elected officials.
- Law enforcement officials, but the disclosure must meet the minimum standards necessary for the immediate purpose and not disclose information about other individuals. A court order or search warrant may be required.
- Others, to the extent that the law specifically requires such use or disclosure.
- To others to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, if the disclosure is made to a person or persons reasonably able to prevent or lessen the threat of harm, including the target of a threat.
- Other uses and disclosures of your information will be made only with your written consent. You may revoke your consent at any time in writing, except if the agency has already released information, because of your consent.

**Your rights regarding your information in the HMIS:**

- You have the right to inspect and obtain a copy of your own Protected Personal Information (PPI) for as long as it is kept in the HMIS, except for:
  - Information compiled in reasonable anticipation of litigation or comparable proceedings
  - Information about another individual (other than a health care or homeless provider)
  - Information obtained under a promise of confidentiality (other than a promise from a health care or homeless provider) if disclosure would reveal the source of the information
  - Information, the disclosure of which would be reasonably likely to endanger the life, or physical safety, of any individual
- You have the right to request that your Protected Personal Information (PPI) is corrected when the information in the record is inaccurate or incomplete.
- You have a right to request that your personal information be provided to you by alternative means, or at alternate locations (such as at your home or place of work). This agency will accommodate reasonable requests.
- You have the right to receive a list of disclosures of your Protected Personal Information (PPI) made by this agency during the six (6) years prior to the date you request this information, except for disclosures for national security or intelligence purposes or to correctional institutions or law enforcement officials. If a law enforcement official or health oversight agency requests that we temporarily suspend giving you an accounting of disclosures made to them, the request must be time-limited and given to us in writing.

## **Exercising your rights regarding your information in the HMIS**

You can exercise these rights by making a written request to this agency, or by making a written request to IHCDA. The addresses are listed at the end of this notice.

### **Enforcement of your privacy rights:**

If you believe your privacy rights have been violated, you may send a written complaint to this agency. If your complaint is not resolved to your satisfaction, you may send your written complaint to IHCDA. Addresses are listed at the end of this notice. You will not be retaliated against for filing a complaint. This agency is required by law to maintain the privacy of your Protected Personal Information (PPI), and to display a copy of the most recent HMIS Notice of Privacy Practice (“Notice”). This Agency reserves the right to change this Notice from time to time, and if it does, the change will affect all the information in the HMIS, not just the information entered after the change. The revised Notice will be posted by this Agency. You may request a copy of it from this Agency or IHCDA.

[INSERT AGENCY NAME AND ADDRESS HERE]

**Agency Name:**

**Telephone:**

**Facsimile:**

**Email:**

**INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY**

30 S. Meridian St., Suite 900

Indianapolis, IN 46204

Attn: Grant O. Peters, HMIS Manager

Re: HMIS Protected Personal Information (PPI)