STAFF USE ONLY

Instructions

# Document Components

Staff Instructions

Client Rights Information

In-Person Acknowledgment of Data Collection and Consent to Share

Verbal Acknowledgment of Data Collection and Consent to Share

Posted Data Privacy Notice

# How to Use the HMIS Consent Forms and Notices

* Each adult client should complete the acknowledgment and consent portions before their information is entered into HMIS. Clients should be asked to sign an *Acknowledgment of Data Collection and Consent to Share* yearly*.* Minorsrequire a parent or guardian signature.
* It is required that you post the *Posted Data Privacy Notice* (p.5) in an area viewable by clients.
* This document can be further modified and incorporated into your agency’s existing data privacy forms and notices, but modifications should be made only in consultation with legal counsel.
* *Verbal Acknowledgment of Data Collection and Consent to Share* (p.4) is used when a client contacts your agency by phone. The individual who obtained the verbal consent directly must be the form’s signer. If the client is seen in-person within a year of completing a *Verbal Acknowledgment of Data Collection and Consent to Share*, complete the in-person version of the form with the client.
* These forms apply only to data maintained in the Ohio BoSCoC HMIS. They are not meant to serve as an agency’s complete privacy policy or sole consent forms.
* Clients are notified in *Client Rights Information* that they may request the list of active HMIS agencies, *Ohio BoSCoC HMIS Active Agencies*. See www.hmis.cohhio.org.

# How to Enter Clients in HMIS

See the chart below for information about how to enter clients who decline the acknowledgment and/or consent. Clients who decline acknowledgment and consent should be entered using the anonymous workflow found here: <http://hmis.cohhio.org/index.php?pg=kb.page&id=161>

|  |  |  |
| --- | --- | --- |
| Acknowledgment of  Data Collection | Consent to Share | HMIS Action |
| Client Accepts | Client Accepts | Enter client normally in HMIS. |
| Client Accepts | Client Declines | Enter client and lock record. |
| Client Declines | Client Declines | Enter client anonymously. |

Client Rights Information

This agency collects personal information about the people we serve in a computer system called the Ohio BoSCoC Homeless Management Information System (HMIS). Many social service agencies use this computer system.

# Why Collect Data?

* Data collection helps us maintain this program and others like it. We are required to use HMIS.
* Data collection helps us to better understand and serve people at this agency and others in the state.

# Who can see information that is in the Ohio BoSCoC HMIS?

* People who work for this agency and other similar agencies in the state will use your information to help provide you with services. A full list of agencies participating in the Ohio BoSCoC HMIS is available upon request or at <http://hmis.cohhio.org/index.php?pg=kb.page&id=111>
* Program funders and auditors who have legal rights to review the work of this agency may view your information.
* If we think there is abuse or neglect in your household, we will report it to Child Protective Services, Adult Protective Services, or other similar agencies. We may release your information to protect the health or safety of you or others. The law says we have to report physical or sexual abuse of children and vulnerable adults.
* Ohio BoSCoC HMIS system administrators at COHHIO (operator of the Ohio BoSCoC HMIS) may see information about you. Staff at a company called WellSky provide software support to the HMIS system administrators and may also view client data.
* Law officials may only request to see your information with a valid subpoena, warrant, or court order.
* Researchers must sign an agreement to protect your privacy before seeing HMIS information. Your personally identifying information such as name and social security number will never appear in research reports.
* We will not release your data for any other use unless you permit us in writing.

# Your Rights

* If you do not want your name, social security number, or date of birth entered in HMIS, tell the agency representative that you are speaking to. Only veterans are required to share this information to receive services.
* You have the right to a copy of the Ohio BoSCoC HMIS information about you unless legal proceedings say otherwise.
* You have the right to correct mistakes in your HMIS data.
* If you think this agency or the Ohio BoSCoC HMIS violated your privacy rights, you have the right to complain or appeal. Write to:

**COHHIO**

**175 S. 3rd St., Ste. 580**

**Columbus, OH 43215**

In-Person Acknowledgment of   
Data Collection and Consent to Share

Your information will be entered into a database called the Ohio BoSCoC HMIS. Data collection helps us to maintain this program and others like it. People who work for this agency and other similar agencies in the state request the use of your information to help provide services to you. A parent or legal guardian must sign for children under 18.

|  |  |
| --- | --- |
| Child’s Name | Child’s Date of Birth |
|  | / / |
|  | / / |
|  | / / |
|  | / / |

# In-Person Acknowledgment of Data Collection

This agency would like permission to collect your information to see what programs you qualify for and to better serve you. This acknowledgment expires in one year.

**□ Agree □ Disagree**

As the parent or legal guardian of the child/children listed above, I confirm that the child’s/children’s data should be treated the same as my own.

**□ Agree □ Disagree**

# In-Person Consent to Share

If you allow us to securely share your data, you may change your mind and cancel this consent at any time. Persons and groups listed on the privacy notice may see your information in HMIS even if you tell us we cannot share.

**□ Agree □ Disagree**

As the parent or legal guardian of the child/children listed above, I confirm that the child’s/children’s data should be treated the same as my own.

**□ Agree □ Disagree**

|  |  |  |
| --- | --- | --- |
| Client Name (printed) |  | |
| Client Signature and Date |  | / / |
| Agency Representative  Signature and Date |  | / / |

Verbal Acknowledgment of  
Data Collection and Consent to Share

The use of verbal consent for data collection is authorized only when completing diversion, assessment, and referral by phone for the purposes of coordinated entry into the Ohio BoSCoC HMIS. The worker who directly received verbal consent from the client must be the one to sign this form. A parent or legal guardian must provide verbal acknowledgment and consent for children under 18.

|  |  |
| --- | --- |
| Child’s Name | Child’s Date of Birth |
|  | / / |
|  | / / |
|  | / / |
|  | / / |

# Verbal Acknowledgment of Data Collection

This agency would like permission to collect your information to see what programs you qualify for and to better serve you. This acknowledgment expires in one year.

**□ Client Agrees □ Client Disagrees**

****As the parent or legal guardian of the children listed above, you confirm that the child’s/children’s data should be treated the same as your own.

**□ Client Agrees □ Client Disagrees**

# Verbal Consent to Share Data

If you allow us to securely share your data, you may change your mind and cancel this consent at any time. Persons and groups listed on the privacy notice may see your information in HMIS even if you tell us we cannot share.

**□ Client Agrees □ Client Disagrees**

As the parent or legal guardian of the children listed above, you confirm that the child’s/children’s data should be treated the same as your own.

**□ Client Agrees □ Client Disagrees**

|  |  |  |
| --- | --- | --- |
| Client Name (printed) |  | |
| Agency Representative  Signature and Date |  | / / |

Posted Data Privacy Notice

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

We use the personal information to run our programs and to help us improve services. In addition, 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. In addition, 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.