



# San Luis Obispo County HMIS Privacy Notice

This Privacy Notice applies to all San Luis Obispo County HMIS-Participating Providers and addresses how information about you (client) shall be used and disclosed by Providers as well as rights over your information. This notice establishes minimum standards by which the Providers must follow. Providers may implement more stringent rules and procedures. This Notice may be amended at any time, and amendments may affect information obtained before the date of the amendment.

## 1. HMIS DATA COLLECTION & PURPOSE

A Homeless Management Information System (HMIS) is a local information technology system used to collect data on the housing and services provided to individuals and families experiencing homelessness and persons at risk of homelessness. This information is critical to better understand the extent and nature of homelessness at a local level, evaluate program effectiveness, and improve future housing and service provision. Providers may also be required by their funders to obtain certain additional information to determine eligibility, and to monitor outcomes.

This agency is an HMIS-participating homeless service provider ("HMIS Provider"). We collect information about the persons we serve in the shared County HMIS (HMIS) database. The agency shall only collect information deemed appropriate and necessary for program operation or information that is required by law or by the organizations that fund this program.

## 2. CONSENT

Through HMIS, we share your name, date of birth, age, gender, veteran status, and partial SSN ("Standard Information") with other HMIS Providers, unless you indicate that you do not want your Standard Information to be visible or tell an agency to mark your "Profile/Name" as private. You are still eligible for services if you refuse to have your standard information shared in HMIS.

**Personal and Health Information:** If you choose to sign the HMIS Consent for Release of Information (ROI), we will also share your enrollment information, which may include personal health information and information about your race, ethnicity, disabling conditions, previous residence history, employment history, substance abuse, sexual orientation, educational history and more. Your Standard Information and any information you release in your ROI is referred to as your Personally Identifiable Information (PII). This information will be visible in HMIS and may also be exchanged on paper, verbally or electronically based on uses and disclosures below.

Written consent to share your data in HMIS should be obtained at your first in-person meeting with the provider. Written consent may be obtained using the Electronic HMIS Consent for Release of Information, which indicates your consent to share your information.

Verbal consent to share your PII may only be obtained if the interaction meets the following criteria:

- The visit is not in person or not in a place conducive to paper or electronic signature.



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- Agency staff reviews (or reads, if not in person) the Privacy Notice with you (posted at intake desk, on clipboard, via electronic methods or comparable location). An electronic link to the privacy notice can be found here ([link](#)).
- You verbally agree to provide and share personal information.
- Agency staff complete the Verbal Consent record in HMIS, attesting to their compliance with the procedure above.

### 3. PERMITTED USES AND DISCLOSURES

HMIS is designed to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data, including Personally Identifying Information. Once collected, we (as an HMIS Provider) have obligations about how these data may be used and disclosed (**uses** are internal activities for which providers interact with your PII; **disclosures** occur when providers share PII with an external entity). **We may use and disclose your PII only for the following purposes:**

To fulfill HUD Requirements:

- (1) To allow you to access to your information; and
- (2) Disclosures for oversight of compliance with HMIS privacy and security standards.
- (3) To provide or coordinate services to an individual or household, including with other California Counties;
- (4) For functions related to payment or reimbursement for services;
- (5) To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions;
- (6) For creating de-identified reports from PII including public dashboards;

Additional Uses and Disclosures: In rare instances we may use or disclose your Personally Identifying Information without your permission for the following purposes:

- (7) Uses and disclosures required by law;
- (8) Uses and disclosures to avert a serious threat to health or safety;
- (9) Uses and disclosures about survivors of abuse, neglect or domestic violence; and
- (11) Uses and disclosures for law enforcement when a subpoena is provided.
- (12) For research or local analysis where a limited number of fields will be included.

HMIS Providers must also ensure that **any use or disclosure does not violate other applicable local, state, or federal laws**. Therefore, some HMIS Providers **may have more restrictive privacy policies**, often dependent upon funding source or the nature of a projects. Specific, per-project information regarding data use and disclosure can be obtained upon request. This can include agencies that must comply with the Health Insurance Portability and Accountability Act (HIPAA), Violence Against Women Act (VAWA). In these instances, the more restrictive policies take precedence.



## 4. UNDERSTANDING YOUR RIGHTS

HMIS recognizes every independent legal adult (person over 17 years of age) as the owner of all information about themselves, and any parent, legal guardian, or legal power of attorney as the designated owner of all information about any household members under their guardianship (all minors and any incapacitated/disabled adults).

By seeking assistance from this HMIS Provider and consenting to your personal information being shared within the HMIS, you transfer governance responsibility over your HMIS record to us, and we are responsible for handling your record in accordance with HMIS privacy policies and any applicable federal, state, or local requirements. You retain ownership of your information within your HMIS record, and as owner **you have the following rights, in general:**

- Your refusal to share information will not be used to deny you services at this agency.
- You have a right to see your information, request to change it, and have a copy of your information from the servicing agency by written request. You may also request assistance from this agency in documenting your history of homelessness to qualify for certain programs. An agency can refuse to change information but must provide you with a written explanation of the refusal within 60 days of the request<sup>1</sup>
- Any information you provide related to race, color, religion, sex, national origin, disability, familial status, and actual or perceived sexual orientation, gender identity, or marital status will not be used in any way that would discriminate against you or prevent you from receiving services or housing assistance. You have the right to file a complaint if you feel that you have been discriminated against.
- You may request a copy of this Privacy Notice and other agency policies that explain HMIS and your rights associated with how information is kept and shared through HMIS.
- You may request that a provider mark your personal data as private (not shared) within HMIS; and
- You may withdraw your consent to share at any time by writing to the staff identified in our Agency Privacy Notice. However, any information already shared with another agency cannot be taken back. Your request to discontinue sharing will have to be coordinated between sharing partners. You should tell each agency that you work with when you withdraw your consent.
- The confidentiality of your records is protected by law. This agency will never give information about you to anyone outside the agency without your specific written consent through this release or as required by law (The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CFR, Parts 160 & 164) and applicable California laws.
- **You should expect to provide additional, prior written consent for any use or disclosure of HMIS PII not included in the permitted uses and disclosures above.**

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<sup>1</sup> We can deny a request to inspect or copy your PII for the following reasons: (1) *Provider Right to Deny Review: if information is compiled in reasonable anticipation of litigation or comparable proceedings;* (2) *if information about another individual other than the participating provider staff would be disclosed;* (3) *if information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the sources of the information; or* (4) *if the disclosure of information would be reasonably likely to endanger the physical safety of any individual; and we can reject repeated or harassing requests for access or correction.*



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## 5. Requests and Grievance Policy

### Agency Requests and Grievance

If you feel your privacy rights have been violated, or to request changes or copies of your records, please first submit a written request to the agency at which you are receiving services. Any privacy violations involving breaches of data will be reported to the HMIS Lead Agency. All other grievances must go through the grievance process at the agency at which you are receiving services. You cannot be retaliated against for filing a grievance. The grievance process may involve multiple steps for resolution. You may request to see the agency's full grievance process.

### Escalated Grievance Policy

An escalated grievance is to only be used after you have worked with the agency to resolve an HMIS issue and that resolution was not satisfactory. The [HMIS Grievance Form](#) or a similar written format can be used if you feel your privacy rights have been violated by an HMIS Participating Agency. You may submit this form to the HMIS Lead to the contacts below. This will be reviewed by HMIS Lead Staff and routed to an internal review body. It is against the law for any agency to take retaliatory action against you if you file this grievance. You can expect a response within 30 days via the method of your choice.

Grievances may be submitted in writing to:

County of San Luis Obispo Dept of Social Services  
Attn: HMIS Program Manager  
3433 S. Higuera St San Luis Obispo, CA 93401  
Or  
Via Email to: [SS\\_hsdconcern@co.slo.ca.us](mailto:SS_hsdconcern@co.slo.ca.us)



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