

Privacy Policy

Harford County Homeless Management Information System (HMIS)

I. Confidentiality

- A. The Agency will uphold relevant Federal and State confidentiality regulations and laws and unless otherwise provided for or allowed pursuant to such regulations or laws, the Agency will only release confidential client records with written consent by the client. A client is anyone who receives services from the Agency.
 1. The Agency will abide specifically by Federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2, regarding disclosure of alcohol and/or drug abuse records. In general terms, the Federal regulation prohibits the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Agency understands that Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.
 2. The Agency will abide specifically with the Health Insurance Portability and Accountability Act of 1996 and corresponding regulations passed by the U.S. Department of Health and Human Services. In general, the regulations provide consumers with new rights to control the release of medical information, including advance consent for most disclosures of health information, the right to see a copy of health records, the right to request a correction to health records, the right to obtain documentation of disclosures of information may be used or disclosed. The current regulation provides protection for paper, oral, and electronic information.
 3. The Agency will abide specifically by Maryland Confidentiality of Medical Records Law, Md. Code Ann. Health-General §§4-301 *et seq.*, MCMRA.
 4. The Agency will provide a verbal explanation of the Harford County HMIS and arrange for a qualified interpreter or translator in the event that an individual is not literate in English or has difficulty understanding the consent form(s).
 5. Unless permitted by relevant regulations or laws, the Agency will not divulge any confidential information received from the Harford County HMIS to any organization or individual without proper written consent by the client.
 6. The Agency will ensure that all persons who are issued a User Identification and Password to the Harford County HMIS within that particular agency shall execute and abide by the End User License Agreement, Confidentiality Agreement, including the confidentiality rules and regulations. The Agency will ensure that

each person granted Harford County HMIS access at the Agency receives and abides by the Harford County HMIS Policy and Procedures manual.

7. The Agency understands that the database server-which will contain all client information, including encrypted identifying client information-will be physically located in Shreveport, Louisiana.
- B. The Agency agrees to maintain appropriate documentation of client consent to participate in the Harford County HMIS.
1. The Agency understands that informed client consent is required before any basic identifying client information is entered into the Harford County HMIS for the purposes of interagency sharing of information. Informed client consent will be documented by completion of the standard Harford County HMIS Client Consent form.
 2. The Client Consent form mentioned above, once completed, authorizes basic identifying client data to be entered into the Harford County HMIS, as well as non-confidential service transaction information. This authorization form permits basic client identifying information to be shared among all Harford County HMIS Member Agencies and non-confidential service transactions.
 3. If a client denies authorization to share basic identifying information and non-confidential service data via the Client Consent form, identifying information shall only be entered into Harford County HMIS system and locked and made accessible only to the entering agency program, therefore, precluding the ability to share information.
 4. If a client denies authorization to have information beyond basic identifying data and beyond non-confidential service transactions both entered and shared among the Client Consent form, then this record must be locked and made available only to the entering agency program, therefore, precluding the ability to share information.
 5. The Agency agrees to place all Client Consent forms related to the Harford County HMIS in a file to be located at the Agency's business address and that such forms are made available to the Harford County Department of Housing & Community Development for periodic audits. The Agency will retain these Harford County HMIS related Authorization for Client Consent forms for a period of 5 years, after which time the forms shall be discarded by the Agency in a manner that ensures client confidentiality is not compromised.
 6. The Agency understands that in order to update, edit, or print a client's record, the Agency must have on file a current authorization from the client as evidenced by a completed standard Harford County HMIS Client Consent form pertaining to basic identifying data, and/or a modified Agency form with a Harford County HMIS clause pertaining to confidential information.

The information gathered and prepared by the Agency will be included in a HMIS database of collaborating agencies (list available), and only to collaborating agencies, who have entered into an HMIS Agency Participation Agreement and shall be used to:

- a) Produce a client profile at intake that will be shared by collaborating agencies
- b) Produce anonymous, aggregate-level reports regarding use of services
- c) Track individual program-level outcomes
- d) Identify unfilled service needs and plan for the provision of new services
- e) Allocate resources among agencies engaged in the provision of services
- f) Provide individual case management