



SF Homeless Management Information System

PRIVACY NOTICE

Please review this carefully.

This Notice describes how information about you may be used and disclosed and how you can get access to this information.

If you have difficulty reading this notice, please ask for assistance.

When you request or receive services from this program, we ask for information about you. This information helps us continuously improve services to homeless persons by:

- Better assessing the needs of the homeless
- Identifying what services are available and what services need to be developed
- Tracking whether needs are met

You have the right not to provide protected personal information to an agency. You may exercise your right of privacy by not answering any or all of the personal questions asked by the agency. You will not be denied services for not answering questions regarding your protected personal information.

The information you provide is entered into a computer program called the San Francisco Homeless Management Information System (SF-HMIS). This computer program operates over the Internet and is managed by the San Francisco Human Services Agency. This program and the City are required by law to maintain the privacy of protected personal information and to provide you with notice of their legal duties and privacy practices with respect to protected personal information. The HMIS uses many security protections to insure the safety and confidentiality of your information.

Some of the information that we may collect from you includes:

- Reasons for your homelessness
- Medical and mental health conditions
- Housing information
- People included in your household
- Income levels and sources
- You or your family's needs
- Services that are being used by you and your family
- Information that is used to identify you like your name and date of birth

NON PERMITTED USES AND DISCLOSURES

Once entered into the HMIS, your private information that identifies you is NOT shared outside of this program without your written permission unless such information is categorized below as a permitted use or disclosure. If you would like your information shared with one or more other agencies to make it faster and easier for you to receive benefits or services,

please ask us how to fill out the permission form. In the future, if you decide that you no longer want your information shared in this way, you may cancel the permission form by giving us a written statement of your decision. If you have difficulty writing, please ask for assistance.

PERMITTED USES AND DISCLOSURES:

Information that you provide may be used by this program or the City of San Francisco in the following ways and otherwise as required by law without your written permission. It may be used or disclosed to:

- Perform administrative tasks within the program serving you or within the HMIS.
- Authorized researchers but never published in any identifiable form.
- Create information that is not individually identifiable and then disclosed to a third party.
- Help you if you are a victim of abuse, neglect, or domestic violence.
- Prevent or lessen a serious and imminent threat to health or safety.
- A coroner, medical examiner or funeral director for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
- Authorized federal officials for provision of protective services to the President and other persons protected by the Secret Service, Department of State and Foreign Service.
- A law enforcement official for a law enforcement purpose, consistent with applicable law and standards of ethical conduct, provided that such disclosure should be only the minimum amount of information necessary for the law enforcement official's immediate purpose.

If you have concerns about any of these possible uses or disclosures, or believe that such disclosures may put you or someone else at risk, please let us know so that we can address these concerns with you.

We want you to be confident that your information is secure. If you believe your information has been shared without your permission, please write down your concern and give it to the City of San Francisco Human Service agency or the program you are using. Please be assured that sharing a concern will not be held against you.

If you wish to review the information that HMIS has about you, you request to do so.

This program or the City of San Francisco may change the terms of this notice. If the terms are changed the updated terms must be posted promptly and a paper copy made available to anyone requesting one.

This program and the City of San Francisco are required to abide by the terms of this notice currently in effect.

The date on which this notice is in effect is **February 1, 2005.**

For more information, contact: Tenderloin Housing Clinic at info@thclinic.org

OR

The San Francisco Human Services Agency.

This notice must be prominently displayed in the program offices where intake occurs.