

Script for talking with clients about data sharing

Purpose. As providers, we need to help the client in their decision about data sharing by specifically stating the benefits and purpose for collecting everything (this data will help me to get you the best supports), what everything will be used for (transparency—who, what and why), the rights clients have to make their own decisions regarding whether their data will be shared with others. Explanations to clients need to be consistent from agency to agency and must communicate that you are entering data into a network of service providers (not just the particular agency).

There are two forms that will be used as part of data sharing in HMIS. The **Informed Consent** form is used to gain permission from the client to COLLECT information and enter into HMIS. The **Release of Information (ROI)** form is used to gain permission from the client to SHARE information in HMIS. Talking points for both documents are below:

Informed Consent (Permission to COLLECT information)

- **Introduction to HMIS**
 - We collect personal information about the people we serve in a computer system called Minnesota’s HMIS (Homeless Management Information System).
 - HMIS is required by most Funders. In order to receive funding, we need to collect information about those we serve.
 - Many social service agencies use this computer system.
- **Why do we collect your information?**
 - To help keep this program and others like it going. We are required to use HMIS.
 - So we know how many people we serve, and the types of people we serve at our agency and in the state.
 - So we can all understand what people need and can do a good job planning services that meet those needs.
 - To address your needs with housing and service referrals that will be the most helpful for you.
- **Who can see your information in HMIS?**
 - Refer to highlighted sections of Informed Consent.
- **The process and your rights**
 - There are many questions I/we will ask you. Some questions will have “yes or no” or multiple choice answers; others will need more specific responses. Answering honestly will help me to get you the support you need.
 - You may choose to answer some questions and skip other questions
 - **If you do not want your name, social security number, or date of birth entered in HMIS, tell the intake worker.**
 - You have the right to correct mistakes in HMIS information about you.
 - You have the right to a copy of the Minnesota’s HMIS information about you. (Unless we cannot give it because of certain legal proceedings or for other lawful purposes.)
 - If you think this agency or Minnesota’s HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form. Or, write to Minnesota Coalition for the Homeless, HMIS Grievance, 2233 University Ave W, St Paul, MN 55114.

Release of Information (permission to SHARE information)

- What is this document?
 - By signing this document, you are giving us permission to share your information with other shelter & housing programs.
- Why do we SHARE your information?
 - To help serve you faster
 - Without this release (ROI), each program that may help you will need to ask you the same questions.
 - If you and I determined that another program that could do a better job at helping you, we could make a quick referral without making you come back and sign more papers or collect all your information again for that program.
 - To help serve you better
 - It helps our program when we are able to work together with other shelter/housing programs. It is harder to do this without having this document signed.
 - If our program (and any other program who might help you) can know more about your history, we can know more about how we can help.
 - We want to repeat what has been helpful for you and NOT repeat what has been unhelpful.
 - It helps to know who could best help you if we cannot. It helps us to make accurate and quick referrals to help meet your needs.
 - We all forget the details of things. If you needed help again a year or two from now, you may not remember all of the information we are collecting in HMIS.
- The process and your rights
 - While we want to encourage you to agree to data sharing, YOU DO NOT NEED TO AGREE TO SHARE YOUR INFORMATION.
 - You will not be turned away if you choose not to share. However, we may be able to work faster to address your needs if your information is shared.
 - If at any time, you want to end data sharing, you can indicate this to me/our staff. This will stop sharing for all information going forward, but cannot “undo” what has been shared up to that point. Once it has been shared, we can’t unshare that information.
- Who can see your information with data sharing?
 - Your information will only be viewed by other housing and shelter programs that would need to view your information to help you.
 - A list of programs who could access the data is included (on this sheet/on this website).
 - If referring to the website, please note that: The list will change as additional programs come along. You are agreeing to share with any programs that may be on this list now or in the future.
- What information will be shared?
 - Refer to list.
 - We will NOT share information about domestic or sexual violence, program case notes, or other personal information not included in these categories.

Minnesota’s HMIS Data Privacy Notice & Consent to Enter Information Into HMIS

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

Why?

- To help keep this program and others like it going. We are required to use HMIS.
- So we know how many people we serve and the types of people we serve at our agency and in the state.
- So we all understand what people need and can plan services to meet these needs.

Who can see information that is in Minnesota’s HMIS?

- **People who work for this agency** will use it to help provide services to you or your family.
- **Auditors or funders** who have legal rights to review the work of this agency, which may include representatives from the US Department of Housing and Urban Development or the State of Minnesota.
- Organizations that run, administer, and work on the system, such as **Wilder Research (in St. Paul) or a Local System Administrator**. When these organizations administer or work on the system, they may see information about you. They may also use your information to conduct research related to homelessness and housing programs. Your name, social security number or other information that would identify you personally will not appear on a research report.
- People using HMIS **information to write reports**. Researchers must sign an agreement to protect your privacy before seeing HMIS information. Your identified information will never appear in research reports.
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to **Child or Adult Protection**.
- We may release your information **to protect the health or safety of you or others**.
- Others, when we are **required by law** to provide information, including officials with a valid subpoena, warrant, or court order.

We will not release your information 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 intake worker.** This agency will **not** refuse to help you for denying this.
- You have the right to a copy of the Minnesota’s HMIS information about you. (Unless we cannot give it because of certain legal proceedings or for other lawful purposes.)
- You have the right to correct mistakes in HMIS information about you.
- If you think this agency or Minnesota’s HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form. Or, write to Minnesota Coalition for the Homeless, HMIS Grievance, 2233 University Ave W, St Paul, MN 55114.

Signed Consent To Enter Information Into HMIS

Each adult and unaccompanied youth should sign for self. A parent/guardian should sign for children under 18.

For: _____
 Print First and Last Name – use back of page for children’s names & birth dates _____
Date of birth

My signature shows that I permit you to enter my personal information into Minnesota’s HMIS. (You do not have to sign this form to receive services from this agency, but not sharing your information may affect the ability to quickly and appropriately identify services for you.)

SIGNATURE OF CLIENT OR GUARDIAN DATE Signature of witness Date

Minnesota’s HMIS Release of Information

For: _____
 Print First, Middle, and Last Name _____
 Date of Birth

Please check (✓) a box:

DO NOT SHARE: I do **not** want **any** of the information about me in Minnesota’s HMIS shared with any other service providers/homeless agencies. I understand that not sharing my information may affect the ability to quickly and appropriately identify services for me. *(Data security = Closed)*

SHARE: I _____ (insert client’s name), understand that _____ (“Agency”), located at _____ (insert address) is a partner agency in Minnesota’s Homeless Management Information System (“HMIS”). I understand that there are many other partner agencies in Minnesota’s HMIS. The agencies that participate in Minnesota’s HMIS may change from time to time. A copy of the current list of agencies is available upon request.

I authorize the information collected about me to be included in Minnesota’s HMIS. I authorize the following information to be shared through Minnesota’s HMIS, administered by the Wilder Foundation, located at _____, and for Minnesota’s HMIS to share the information with other partner agencies in order to improve services to me and the services offered to others.

Information that might be shared could relate to:

- Family/Household Information
- Name, date of birth, Social Security Number
- Services you receive
- Your income and income sources
- If you are homeless or not
- Reasons for seeking services
- Living situation and housing history
- Educational background and employment information
- Military history
- Health information, including physical health, HIV, behavioral health

When you sign this form, it shows that you understand the following.

- We will **not** deny you help if you do not want us to share your personal information.
- If you permit us to share your data, this consent is valid until canceled by you.
- If you permit us to share your data, you may change your mind and cancel this consent at any time. If you cancel this consent, your data will not be shared except to the extent it has already been shared.
- If you consented to have your information entered into HMIS, but do not consent to have the information shared with other homeless providers or agencies, Wilder Research and the other limited people listed on the Notice & Consent to Enter Information into HMIS may see your information in HMIS, but the information will not be shared with other homeless providers or agencies.

 SIGNATURE OF CLIENT OR GUARDIAN DATE Signature of agency witness Date

Please treat information about my children age 17 or younger the same as mine.