Privacy Notice
For organizations in the Oakland-Berkeley-Alameda County Continuum of Care

When you meet with a member of our organization or get services from us, you consent to allow us to collect, use, and share information about you for certain reasons. We have a responsibility to protect your information and privacy.

This Privacy Notice summarizes our Privacy Policy. The Privacy Notice and Policy can be found online at www.orgwebsite or you can ask a staff member for a copy.

What information do we collect?
We collect information that can be used to identify you, such as:
• Your name, address, date of birth.
• Contact information.
• Identification numbers.
• Photos or videos.
• Information about services you received.

Why do we collect and share your information?
We collect, use, or share your information to:
• Provide or coordinate services.
• Collect payments.
• Run the organization.
• Create data that can’t identify you.
• Support research.
• Follow local, state, and federal laws.
• Follow court orders, respond to threats, and ensure public safety.

We will ask for your written or verbal consent to use or share your information for any purpose not listed above, or if the law requires it.

What other steps do we take to protect your privacy?
In addition to following local, state, and federal laws, we will:
• Assist you if you need help or translation, as required by law.
• Explain and share this Privacy Notice and the Privacy Policy. This Notice summarizes the Policy.
• Only collect the information we need.
• Have a plan for keeping information in good order and deleting old data.
• Share the least amount of information needed to complete a task.
• Allow you to review and correct your information, and explain if your request is denied.
• Have a plan and train staff to handle questions, complaints, or a data breach.

The Privacy Policy can be changed at any time. Changes can apply to information that has already been collected.

For a list of organizations that are part of the Oakland-Berkeley-Alameda County Continuum of Care, please visit www.website or ask a staff member for a copy.

Updated 2/17/22
CHO Staff Attestation

Client Name: ____________________________ Date of Birth: ____________

Did the client object to sharing their personally identifiable information?
☐ No  ☐ Yes

By signing this Form I agree that:

1. I reviewed the privacy notice or ROI with the client and/or their representative and highlighted the following key points about their personally identifiable information:
   ✓ We must follow strict laws designed to protect their information and privacy.
   ✓ The types of information collected, used, and shared.
   ✓ The reasons for collecting, using, and sharing information.
   ✓ Steps we will take to protect their information and privacy.
   ✓ The ability to access the privacy policy, privacy notice, and a list of organizations in our network online, or by request.

2. I asked the client and/or their representative if they wanted assistance reading the privacy notice or ROI, and checked to confirm they understood the information.

3. I gave the client and/or their representative an opportunity to ask questions (“What questions do you have?”)

__________________________________________________________________________  ____________
Staff Signature                                  Date

__________________________________________________________________________
Print Staff Name                                Organization Name

Please send any questions, concerns, or other feedback to jessica@hanserdhealth.com and SWarner@acgov.org
Updated 3/11/22
Authorization for Sharing Your Personally Identifiable Information

Client Name: _______________________________  Date of Birth: ________

The organizations that make up Oakland–Berkeley–Alameda County Continuum of Care (“Organizations”) are asking for your authorization to allow sharing of your protected personally identifiable information (“information”). If you agree, your information will be shared with (to and from) the Organizations and other providers that assist clients who are at-risk of or experiencing homelessness. This includes providers of the following types of services:

- Homeless assistance
- Housing service
- Medical
- Behavioral health
- Related software

Sharing information makes it easier to:

- Connect you with housing programs, services, or resources.
- Coordinate your shelter, housing, or other services.
- Limit the amount of information you need to repeat.
- Improve the quality of services.

Signing this Authorization Form (“Form”) is your choice.

State and federal laws already allow for some sharing of information. Signing or not signing this Form does not change what can be shared under these laws. For example, the Organizations can collect, store, use, and share your information to:

- Provide or coordinate services.
- Collect payments.
- Run the organization.
- Create data that can’t identify you.
- Support research.
- Follow local, state, and federal laws.
- Follow court orders, respond to threats, and ensure public safety.

Draft designed to mirror HCSA Information Sharing Authorization form. Please send any questions, concerns or other feedback to jessica@hanserdhealth.com and SWarner@acgov.org. Updated 9/14/21
By signing this Form, you authorize your information to be used or shared for purposes in addition to those already allowed by state and federal law (shown above).

If you do not sign this Form, you do not authorize your information to be used or shared beyond what is already allowed by state and federal law (shown above). You can still receive some services. Not signing may keep you from being able to fully take part in certain programs.

What information will be shared?

Information will be shared about programs and services you got in the past, get now and in the future. This includes data about shelter, housing, and related needs. Information shared may include details that may directly or indirectly identify you, such as:

- Full name
- Home address
- Personal email address
- Social security number
- Passport number
- Driver’s license number
- Date of birth
- Telephone number
- Medical information
- Criminal history
- Photos/images

How will my information be shared?

Your information will be shared in electronic, verbal, and written formats.

Who will be sharing my information?

Your information will be shared with (to and from) the Organizations and the types of providers described...
above. This may also include organizations involved in providing services now, in the past, and in the future. A list of the Organizations and providers can be accessed at [url].

How will Organizations protect my privacy?

In addition to following local, state, and federal laws, organizations will:

- Assist people who need help or translation, as required by law.
- Explain and share their privacy notice and privacy policy.
- Only collect the information they need.
- Have a plan for keeping information in good order and deleting old data.
- Share the least amount of information needed to complete a task.
- Allow you to review and correct your information and explain if your request is denied.
- Have a plan and train staff to handle questions, complaints, or a data breach.

If I sign, can I change my mind later?

You have the right to change your mind about sharing and can revoke (take back) this authorization at any time. This form is valid for 5 years or until the date that you cancel or change it in writing.

- To cancel or make a change, talk with your Housing Provider. You can complete a new Form to reflect the change(s). Any changes will take effect as of the date the new Form is signed.
- Any data or information shared before that time cannot be recalled.
I have the right to:

● Refuse to sign this Form.
● Receive a copy of this Form.

By signing this Form I agree that:

● I have read this Form or a representative has read it to me.
● I understand it.
● I give authorization for my information to be shared as described above.
● This authorization will remain in effect for a period of 5 years, or until I change my authorization in writing. I can do this by contacting my Housing Provider.

_________________________________________  _______________________________________
Client Signature                                  Date

If signed by a person other than the client, please write that person’s name and relationship to the client:

_________________________________________  _______________________________________
Representative’s Name                            Relationship to Client
Understanding is key to the informed consent process

- Being “informed” means having an understanding of the facts. If the client doesn’t understand the information provided, they can’t give informed consent.
- Clients have the right to object to sharing personally identifiable information and still receive some services.

Tips to make sure clients understand the privacy notice or ROI

The privacy notice and ROI summarize your organization’s privacy policy in plain language. Follow these tips to help clients make an informed choice about information sharing.

1. **Assess the client’s decision-making capacity.**
   - If the client is not able to make a decision, present the information to their representative.

2. **Introduce the Notice when the client is in a good place to take in information and make a decision.**
   - Do not introduce it during moments of crisis.

3. **Ask each client if they would like assistance reading the Notice.**
   - Not all adults can read. If the client prefers to read it on their own, make sure to give them enough time to get through it. Use an interpreter if the client prefers a different language.

4. **Use plain language with everyone.**
   - Avoid using acronyms or jargon.

5. **Check for understanding.**
   - Ask “Was there any information that did not make sense or was confusing?”

6. **Ask “What questions do you have?”**
   - Avoid asking “Do you have any questions?” as people usually answer “no.”

Resource: [www.ahrq.gov/health-literacy/professional-training/informed-choice.html](http://www.ahrq.gov/health-literacy/professional-training/informed-choice.html)
Informed Consent
DRAFT presented at 4/13 HMIS Oversight Committee
Apply informed consent best practices

Understand and correctly use assumed consent (privacy notice)

Understand and correctly use explicit consent (ROI)
FYI

- First, introduce several documents
- Then, describe how these fit in your workflow?
What is Informed Consent?

- Client understands the facts and information
- Client knows their right to object to sharing PII

Still able to receive some services
Tips to improve understanding

1. Speak in plain language

2. Assess:
   ✓ Decision making capacity?
   ✓ Right time?

3. Ask:
   ✓ “Would you like assistance reading the material?”
   ✓ “Was there any information that did not make sense or was confusing?”
   ✓ “What questions do you have?”
Which consent is needed?

Is the use allowable in your organization’s privacy policy/notice? If NOT, Explicit consent required

**Assumed**
- Review privacy notice with the client; if they do not object you have their assumed consent
- Complete the Staff Attestation form

**Explicit**
- Use Release of Information (ROI) form with the client to get their written or verbal consent
- Complete the Staff Attestation form
We collect personal information directly from you for reasons that are discussed in our privacy notice. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.
Privacy Notice

For organizations in the Oakland-Berkeley-Alameda County Continuum of Care

When you meet with a member of our organization or get services from us, you consent to allow us to collect, use, and share information about you for certain reasons. We have a responsibility to protect your information and privacy.

This Privacy Notice summarizes our Privacy Policy. The Privacy Notice and Policy can be found online at www.orgwebsite or you can ask a staff member for a copy.
Why do we collect and share your information?
We collect, use, or share your information to:
• Provide or coordinate services.
• Collect payments.
• Run the organization.
• Create data that can’t identify you.
• Support research.
• Follow local, state, and federal laws.
• Follow court orders, respond to threats, and ensure public safety.

We will ask for your written or verbal consent to use or share your information for any purpose not listed above, or if the law requires it.
Authorization for Sharing Your Personally Identifiable Information

Client Name: ___________________________  Date of Birth: ____________

The organizations that make up Oakland–Berkeley–Alameda County Continuum of Care ("Organizations") are asking for your authorization to allow sharing of your protected personally identifiable information ("information"). If you agree, your information will be shared with (to and from) the Organizations and other providers that assist clients who are at-risk of or experiencing homelessness. This includes providers of the following types of services:
Staff Attestation

By signing this Form I agree that:

1. I reviewed the privacy notice or ROI with the client and/or their representative and highlighted the following key points about their personally identifiable information:
   - We must follow strict laws designed to protect their information and privacy.
   - The types of information collected, used, and shared.
   - The reasons for collecting, using, and sharing information.
   - Steps we will take to protect their information and privacy.
   - The ability to access the privacy policy, privacy notice, and a list of organizations in our network online, or by request.

2. I asked the client and/or their representative if they wanted assistance reading the privacy notice or ROI, and checked to confirm they understood the information.

3. I gave the client and/or their representative an opportunity to ask questions (“What questions do you have?”)

__________________________________________________________________________  ___________________________________________________________________
Staff Signature                                                                                       Date
Assumed Consent

- Start
  - Privacy Notice (PN) posted as sign & on website
  - Allowable use or disclosure in PN?
    - yes
      - Staff reviews PN with Consumer
      - Privacy Notice (PN) (assumed consent)
      - Staff performs intake process
      - Staff signs attestation and includes with intake packet
      - Staff Attestation
    - no
      - Explicit
      - Client objects to sharing PII
        - Follow “blind” process
        - yes
        - Staff Attestation
        - no
          - Staff Attestation
Explicit Consent

Start

Privacy Notice (PN) posted as sign & on website

Allowable use or disclosure in PN?

- Yes
  - Assume
  - Staff signs attestation and includes with intake packet

- No
  - Staff performs intake process

Staff reviews ROI consent form

Client objects to sharing PII

- No
  - Follow "blind" process
  - Staff Attestation

- Yes
  - Signed ROI

Staff performs intake process

Staff signs attestation and includes with intake packet

Staff Attestation
✓ Apply informed consent best practices
✓ Understand and correctly use assumed consent (privacy notice)
✓ Understand and correctly use explicit consent (ROI)
Knowledge Check
Proposed Policy: Evaluating Agency Requests to Join Alameda County’s HMIS (4/5/22)

Agency Onboarding Questionnaire is sent to requesting agency to be fill out. Current questions include:

1. Email of Requestor
2. Agency Name
3. Agency Address
4. Agency Mission Statement
5. Program Name(s)
6. Is homelessness an eligibility requirement for the program? (yes/no)
7. Project Type:
   a) Emergency Shelter
   b) Permanent Housing
   c) Street Outreach
   d) Transitional Housing
   e) Permanent Supportive Housing
   f) Rapid Rehousing
   g) Day Shelter
   h) Safe Haven
   i) Coordinated Entry
   j) Services Only
8. Please describe your project
9. What is the geographic area in which you serve clients? (list cities/resource zones)
10. What are the funding sources for this program?
11. Will the program fill vacancies through Coordinated Entry?
12. How many active HMIS user licenses will your agency require?
13. Person completing this form
14. Date of form

Suggested potential additions for questionnaire:

- Role/Position of requestor
- What is the funder of this program
- Add to question 6, please describe how HMIS will support services dedicated to those experiencing homelessness

Procedure for Processing Requests:

1) Agencies can be approved to begin the HMIS onboarding process so long as they provide services dedicated to homeless people in Alameda County (questions 6, 7 and 9). The HMIS Lead can make these determinations, summarize quarterly all new onboarded agencies to the HMIS Oversight Committee.

2) Agencies can be approved to begin the HMIS onboarding process if they are acting as a coordinated entry access point. The HMIS Lead can make these determinations, summarize quarterly all new onboarded agencies to the HMIS Oversight Committee.

3) Agencies that do not provide dedicated homeless services would need to explain how they will use the HMIS in question 6. The request and explanation then will be considered by the HMIS Oversight Committee, which will make a recommendation to the COC Committee for final approval.