

# Stanislaus County HMIS Consumer Notice



## **THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION**

### **Our Duty is to Safeguard Your Protected Information**

**[Agency Name]** collects information about who uses our services. We will ask you for your written or verbal permission to enter the information we collect about you and your family into a computer program called the Stanislaus County Homeless Management Information System (HMIS). We are required to protect the privacy of your identifying information. We must give you a notice about how, when, and why we may use or disclose any information you share with us. We are also required to follow the privacy practices described in this Notice, although **[Agency Name] reserves the right to change our privacy practices and terms of this Notice at any time.** You may request a copy of this Notice from any participating Stanislaus County HMIS Agency.

### **How We May Use and Disclose Your Information**

Data collected is used and disclosed for reporting on homelessness and services needed by those who are homeless. Information that could be used to tell who you are will never be used for these reports. We will not turn your information over to a national database. We must have your written or verbal consent to use or disclose your information unless the law permits or requires us to make use or disclosure without your permission. **Please review the [Client Informed Consent and Release of Information](#) for details. You must sign or give verbal consent before we can use your information, but you do not have to sign or give verbal consent in order to receive services.**

The policy may be amended at any time and amendments may affect information obtained by the Agency before the date of the change. An amendment to the privacy notice regarding use or disclosure will be effective with respect to information processed before the amendment, unless otherwise stated.

### **Your Rights Regarding Your Information**

- ◇ You have the right to get services even if you choose **NOT** to participate in HMIS.
- ◇ You have the right to ask for information about who has seen your information.
- ◇ You have the right to see your information and change it if it isn't correct.

For more information, contact: Stanislaus County HMIS at (209) 558-3676 or (209) 558-2381