



A program of the North Carolina Housing Coalition

CAROLINA HOMELESS INFORMATION NETWORK

118 St. Mary's Street | Raleigh, NC 27605 | 877.703.3176 (Help Desk) | 919.881.0350 (FAX)

CHIN STATEMENT OF PRIVACY PRACTICES

THIS STATEMENT OF PRIVACY PRACTICES DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS, DESIRE ANY FURTHER INFORMATION, OR HAVE A COMPLAINT, PLEASE CONTACT CHIN OR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (contact information is at the end of this document).

WHO WILL HAVE ACCESS TO THE INFORMATION

The Agency, _____, will gather information about you and/or your dependent(s) and enter that information into a secure, internet recordkeeping system. If you agree to allow your information to be entered, that information may be shared with other agencies participating in the CHIN system, *as it pertains to the services you receive*. Any additional disclosure of your information not discussed in this form will require additional consent from you.

The Agency is asking your permission to enter information about you and/or your dependents and to share that information with other participating agencies in the planning and delivery of services to you.

System administrators have access to all information for troubleshooting and privacy protection services. The Agency will provide you a list of the names of the system administrators, upon your request.

WHAT WILL BE DONE WITH THE COLLECTED INFORMATION

The information being collected is designed to help the Agency provide you with the most appropriate services.

- The information you provide may be used to determine eligibility for future services and to improve services this agency or your community can offer you.
- Information entered into the CHIN system that may identify you (ex: name, social security number, address, etc.) will not be reported to offices or organizations that are not participating in the CHIN system.
- The data about the services you receive from this Agency and the records this Agency keeps may include medical/health information and other information including the diagnosis or treatment of a mental health disorder, drug or alcohol disorder, HIV, AIDS, or domestic violence concerns. The privacy of that information may be protected by federal and/or North Carolina law and your signature on the consent form gives consent to the sharing of that information as it pertains to the services you receive. The information will not be disclosed to anyone other than the member agencies, unless required by law or a court order.
- Your information will not be shared with organizations or agencies, including governmental agencies, that are not CHIN participating agencies except in the following situations:
 - To provide medical personnel with information needed in a medical emergency;
 - To make an initial report of suspected child abuse;
 - In response to a subpoena specifying the need for that information; or
 - To report a crime committed on the premises or against program personnel.
- Information will be shared only as it pertains to the services you receive. Information may be shared with auditors, evaluators, and/or researchers if the information will be protected as required by Federal regulations.
- Once your consent to share information from this Agency has expired, any service information collected from that point forward will be hidden from other agencies, until you give consent to share it.

YOUR RIGHTS REGARDING THE SHARING OF INFORMATION

You are not legally required to share any of your information through the CHIN system. You will not be denied services if you refuse to share your information through the CHIN system. You will not be penalized for making a complaint to the Agency, CHIN, or the Secretary of Health and Human Services.

- You have the right to inspect and obtain a copy of your information within timeframes established by the Agency.
- You have the right to a listing of all the individuals and agencies that have opened and/or modified your HMIS file.
- You have the right to request legitimate changes to all records maintained by the Agency related to the services you receive and to receive a paper copy of this form. The Agency will decide what changes are legitimate and will give you a written explanation.
- If you change your mind about sharing any of your information with CHIN and affiliated agencies you must provide written notice to the Agency of any change. The changes will only be effective from the end of the business day on which they are received.
- You can limit which agencies receive your information or the types of information disclosed to each agency by so stating on the consent form.
- If you want the Agency to contact you at a certain location or number, you must notify the Agency in writing. The Agency will accommodate reasonable requests.

The Agency is required by law to maintain the privacy of your personal protected information and your personal health information and is required to notify you of its legal duties and privacy practices.

The Agency must abide by the terms of the notice currently in effect. If the terms of this notice change, the Agency will post the pending changes in the intake area and provide a time for you to comment on the changes. Once approved by the CHIN Steering Board, the changes will go into effect and may affect the way your information is handled.

If you have concerns about how your information is handled you have the right to complain without it affecting you or the services you receive.

To register a concern or complaint, submit the following in writing:

- Your name
- How to contact you
- Date of report
- Date of suspected violation or concern
- Nature of suspected violation or concern
- Evidence of suspected violation

Send the concern to one of the addresses below:

Carolina Homeless Information Network
HMIS System Administrator
118 St. Mary's Street
Raleigh NC 27605

Dept. of Health & Human Services
Office of the Secretary
2001 Mail Service Center
Raleigh NC 27699-2001