GUILFORD COUNTY CONTINUUM OF CARE

Working to End Homelessness in Guilford County

GUILFORD COUNTY CONTINUUM OF CARE (NC-504)

HMIS POLICIES & PROCEDURES

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2022 North Carolina Statewide Homeless Management Information System (NC HMIS) Operating Policies and Procedures

The purpose of an HMIS project is to:

- Record and store client-level information about the numbers, characteristics and needs of persons who use prevention, coordinated entry, housing for persons experiencing homelessness and supportive services.
- Produce an unduplicated count of persons experiencing homelessness for each Continuum of Care.
- Understand the extent and nature of homelessness locally, regionally, and nationally.
- Understand patterns of service usage and measure the effectiveness of projects and systems of care.

KEY TERMS AND ACRONYMS:

Term	Acronym (if used)	Brief Definition
42 CFR Part 2	**Part 2**	42 CFR Part 2 is the federal regulation governing the confidentiality of drug and alcohol use treatment and prevention records. The regulations are applicable to certain federally assisted substance use treatment programs. This law limits use and disclosure of substance use patient records and identifying information.
By-Name List	**BNL**	A By-Name List is a list of people experiencing homelessness within a specific jurisdiction. By-Name Lists can be comprehensive, meaning they include all homeless persons, or focused, meaning they contain persons with certain subpopulations, (ex. Chronic or veteran), or prioritization characteristics. By-Name Lists are frequently used within collaborative multi-partner meetings known as case conferencing sessions to link appropriate homeless persons with housing opportunities that best meet their needs.
Continuum of Care	**CoC**	Planning body charged by HUD with guiding the local response to homelessness. The CoC is responsible for designating the HMIS Lead Agency to operate the HMIS and participating in the structures (Advisory Board) to oversee effective operations of its HMIS.

Contributing HMIS Organizations	**CHO**	An organization that participates on the HMIS.
Coordinated Entry	**CE**	HUD requires communities to design and implement coordinated entry to be eligible to receive HUD homeless program funding. Coordinated entry systemizes access and referral to homeless resources based on a standardized assessment of need and priorities established by the community.
Coverage Rate		Coverage rate refers to the percentage of the homeless population in a geographic area that is captured in the HMIS, divided by the total number of homeless persons in that geographic area. Coverage rates are used to project a total homeless count if there are homeless service agencies that do not participate in NC HMIS. (These may include persons served in Domestic Violence Providers or other non-participating Shelters or Outreach Projects).
Data Use Agreement/Administrative Qualified Services Organization Business Associates Agreement	**DATA Use Agreement /Admin QSOBAA**	The agreement signed by each CHO, the local HMIS Lead Agency and MCAH that defines core privacy practices between participants on the NC HMIS.
The Emergency Solutions Grant Program	**ESG**	The Emergency Solutions Grant Program funds homeless services in five program areas: ● Street outreach ● Emergency shelter ● Homelessness prevention ● Rapid re-housing assistance ● HMIS ESG Funds are typically allocated to a state agency from HUD or to local government for use within their jurisdictions.

Family and Youth Services Bureau	**FYSB**	A division of the US Department of Health and Human Services (HH), the Family and Youth Services Bureau provides federal resources to address homelessness among youth. FYSB oversees the Runaway and Homeless Youth Program (RHY).
The Health Insurance Portability and Accountability Act of 1996	**HIPAA**	The Health Insurance Portability and Accountability Act of 1996, particularly the Privacy Rule under Title II, regulates the use and disclosure of Protected Health Information (PHI) held by covered entities and business associates. HIPAA is the foundational privacy rule on which the HMIS privacy rule is structured.
Homeless Definition		**See Homeless Definition Crosswalk.** **The Hearth Act defines 4 categories of homelessness.** Not all projects can serve all categories, and some may utilize a different definition when delivering services. HMIS has adopted the HUD's Hearth Act definition for counting persons experiencing homelessness: Category 1: Literally Homeless Category 2: Imminent Risk of Homelessness Category 3: Homeless under Federal Statutes Category 4: Fleeing/Attempting to Flee DV
Homeless Management Information System	**HMIS**	A data system that meets HUD's HMIS requirements and is used to measure homelessness and the effectiveness of related service delivery systems. The HMIS is also the primary reporting tool for HUD homeless service grants as well as for other public streams of funding related to homelessness.
Housing Inventory Count	**HIC**	The HIC is where all residential projects (both HMIS participating and non-participating) specify the number of beds and units available to homeless persons within a CoC. The numbers are recorded in agency's HMIS provider pages, (for NC HMIS participating projects), or in "shell" provider pages for non-HMIS participating agencies.

Housing Opportunities for Persons with AIDS	**HOPWA**	HOPWA is a federal program that provides housing assistance and related supportive services for persons with HIV/AIDS, and family members who are homeless or at-risk of homelessness. This project has different project reporting requirements that the other HUD-funded projects in this document.
Length of Stay	**LOS**	The number of days between the beginning of services and the end of services, or in the case of permanent housing, the number of days between the housing move-in date and the exit dates, shelter stay dates, or for permanent housing, the housing move-in date and project exit. NC HMIS offers calculations for discrete stays as well as the total stays across multiple sheltering events.
Local HMIS Lead Agency		The Local HMIS Lead Agency is the agency that fills the following roles for a CoC, (if applicable) ● Holds the CoCs HMIS Grant or is funded by other dollars (such as ESG) to support CoC wide HMIS activities. ● Employs the Local System Administrator for the CoC ● Is responsible for overseeing the completion of all required federal and state reporting tasks within the CoC, which involve data from the HMIS. HUD has published an HMIS Lead Series for guidance.
Local System Administrator/System Administrator I	**LSA**	The Local System Administrator is responsible for overseeing the operation of the NC HMIS project in either a local CoC or a Local Planning Body/CoC. The Local System Administrator/System Administrator I maintains relationships with the agencies in the local community and supports the specific HMIS needs of the agencies and leadership teams they are responsible for.
Longitudinal System Analysis		The Longitudinal Systems Analysis (LSA) report is produced from a CoCs Homelessness Management Information System (HMIS) and submitted annually to HUD via the HUD HDX2.0. It provides HUD and Continuums of Care (CoCs) with critical information about how people experiencing homelessness use their system of care.

MCAH Memorandum of Understanding	**MOU**	The MOU enables MCAH to serve as the HMIS Lead Agency and administer the statewide HMIS implementation on behalf of the North Carolina CoCs.
Michigan Coalition Against Homelessness	**MCAH**	The Michigan Coalition Against Homelessness is a nonprofit membership organization that is an advocate for individuals and families who are homeless or at-risk of becoming homeless, and the agencies that serve them. MCAH serves as the HMIS statewide lead for the NC HMIS project.
North Carolina HMIS Governance Committee	**GC**	The NC HMIS Governance Committee is composed of representatives from all 12 North Carolina CoCs and provides direct oversight of the Statewide HMIS project.
North Carolina Statewide Homeless Management Information System	**NC HMIS**	The North Carolina Statewide Homeless Management Information System is the regional HMIS for nine North Carolina's 12 Continua of Care.
Participation Agreement		The agreement between NC HMIS participating agencies and MCAH that specifies the rights and responsibilities of MCAH and participating agencies.
Point-In-Time-Count	**PIT**	An annual count, usually in the last week of January, is required for all CoCs. In odd numbered years, the PIT Count must include an "unsheltered" or street count.
Projects for Assistance in Transition from Homelessness	**PATH**	Path is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). It provides services to persons experiencing homelessness with mental health conditions, primarily through street outreach, to link them to permanent supportive housing. This project has different reporting requirements that HUD funded projects and uses HMIS to collect this information.

Project Types		**HUD defines 13 Project Types in HMIS:** ● CE: Coordinated Entry: A project that administers the continuum's centralized or coordinated process to coordinate assessment and referral of individuals and families seeking housing or services, including use of a comprehensive and standardized assessment tool. ● Day Shelter: A facility/center for persons experiencing homelessness that does not provide overnight accommodation. ● ES: Emergency Shelter-Overnight shelters or shelters with a planned length of stay of less than 3 months. ● HP: Homeless Prevention-A project that helps those who are at imminent risk of losing housing, to retain their housing. ● Other: A project that offers services, but does not provide lodging, and cannot otherwise be categorized as another project type. ● PH: Permanent Supportive Housing - Permanent Supportive Housing includes both services and housing. Permanent Supportive Housing requires a disability for entry and often serves persons who are chronically homeless. ● PH: Housing Only - Permanent housing may be supported by a voucher but does not have services attached to the housing ● PH: Housing with Services (no disability required) - Permanent Housing that provides both housing and supportive services but does not require a disability to be served by the project. ● PH: RRH Rapid Rehousing - A project that rapidly rehouses those that are identified as literally homeless. ● SH: Safe Haven - A project that offers supportive housing that serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services. It also provides 24-hour residence for eligible people for an unspecified period, has an overnight capacity of 25 or fewer people and provides low demand services and referrals for residents.

		• SO: Street Outreach Project - A project that serves homeless people that are living on the street or other places not meant for habitation. • SSO- Services Only Project - A project that serves persons only, with no residential component. These projects often provide case management and other forms of support and meet with clients in an office, at the client's home, or in a shelter. • TH: Transitional Housing - Transitional environments with a planned length of stay of not more than 2 years that provide supportive services.
Protected Health Information	**PHI**	Protected Personal Information is a category of sensitive information that is associated with an individual. It should be accessed only on a strict need-to-need basis and handled and stored with care. Before any portion of the HMIS client record, outside of the Client Profile, can be shared, a Sharing QSOBAA and a client signed release of information must be in place
Protected Personal Information	**PPI**	Protected Personal information is a category of sensitive information that is associated with an individual. It should be accessed only on a strict need-to-know basis and handled and stored with care. Before any portion of the HMIS client record, outside of the Client Profile, can be shared, a Sharing QSOBAA and a client signed release of information must be in place.
Provider Page		A Provider Page or Provider in ServicePoint is a defined location in the database where information is stored and organized. Provider Pages are structured in levels and can represent the whole implementation, CoCs, agencies, projects, or subprojects.
Release of Information	**ROI**	A Release of Information comes in two forms, a paper ROI and an electronic ROI. A signed (paper) ROI giving informed client consent for sharing is also required to share data between agencies. An electronic ROI must be completed to share a client's data on the HMIS.

Runaway and Homeless Youth	**RHY**	Overseen by the FYS, the Runaway and Homeless Youth programs support street outreach, emergency shelter, transitional living, and maternity group homes for youth experiencing homelessness.
Sharing		In an HIS context, sharing refers to the exchange of client data between agencies. External data sharing Requires a Sharing QSOBAA between two or more agencies, and a client signed Release of Information authorizing the sharing of the client's information. Data entry (internal sharing) does not require a client to sign ROI as there is implied consent for the agency to keep records when a client provides information.
Sharing Qualified Services Organization Business Associates Agreement	**Sharing QSOBAA**	The Agreement between agencies that elect to share information using the HMIS. The Agreement prevents the re-release of data and, in combination with the Participation Agreement, defines the rules of sharing.
SSI/SSDI Outreach, Access and Recovery	**SOAR**	Using the national "best practice" curriculum, the SOAR project reduces barriers and supports the application for Social Security Benefits for the disabled homeless population.
System Performance Measures	**SPMs**	The System Performance Measures are a series of seven standardized measures which help communities gauge their progress in preventing and ending homelessness and provide a more complete picture of how well a community is achieving this goal. SPMs look at items such as length of time spent homeless, exits to permanent housing destinations and returns to homelessness.
User Agreement & Code of Ethics		The document each HMIS user signs that defines the HMIS standards of conduct.
Visibility		Refers to whether a Provider Page can view client data that has been entered into another Provider Page. HMIS visibility is configured separately on each provider page. Visibility can be configured by individual provider pages or by Visibility Groups.

Visibility Group		A Visibility Group is a defined group of Provider Pages where data is shared. Internal Visibility Groups control internal sharing within an organization. Internal Visibility is governed by an agency's internal privacy rule. External Visibility Groups control sharing with other agencies and are defined by a Sharing QSOBAA.
Youth (Homeless Youth)		Homeless Youth are youth who lack a fixed, regular, or adequate nighttime residence. Depending on the program and funding source, the age and definition of youth homelessness varies. Some youth programs serve persons up to 18 years of age, while other definitions consider youth up to the age of 21 or 24. Additionally, the U. S. Department of Education considers youth that are sharing housing due to the loss of housing or economic hardship to be homeless for purposes of its programs.

I. POLICIES AND PROCEDURES SUMMARY

A. Policy Disclaimers and Updates

Operating Policies and Procedures defined in this document represent the minimum standards of participation in the HMIS project and represent general "best practice."
operational procedures.

Operational standards in this document are not intended to supersede grant specific requirements and operating procedures as required by funding entities. PATH, HOPWA and VA providers have operating rules specific to HHS and VA.

The NC HMIS Operating Policies and Procedures and the NC-504 HMIS Policies and Procedures are updated regularly as HUD publishes additional guidance or as part of an annual review. Draft updates will be reviewed at the NC HMIS monthly System Administrator Call-in and included in the meeting minutes' distribution email. Before being finalized, the NC HMIS Operating Policies and Procedures will be formally approved by the NC HMIS Governance Committee. To allow for the evolution of compliance standards without re-issuing core agreements, updated policies supersede related policies in any previously published Policies and Procedures document or agreements. Any changes from the previous year will be highlighted. A current copy of the HMIS Operating Policies and Procedures may also be found on the NC HMIS website **www.nchmis.org.**

Draft updates to the NC-504 HMIS Policies and Procedures will be reviewed and adopted by the Guilford County CoC's HMIS/Data Committee, then submitted to the CoC Board of Directors and the CoC membership for approval.

II. AGREEMENTS, CERTIFICATIONS, LICENSES AND DISCLAIMERS

CoCs, agencies and users are required to uphold specific rules and responsibilities as participants in the NC HMIS project.

A. Required Agency Agreements, Certifications and Policies

Participating CHOs or other partners on the NC HMIS project must have the following contracts, Agreements, policies and procedures available for review:

1. All CoCs participating in the NC HMIS must sign the **MCAH Memorandum of Understanding** that designates the HMIS Vendor and identifies the Michigan Coalition Against Homelessness as the Statewide Lead Agency for administration of the statewide database. (Within national HMIS circles, this document is often called a Joint Governance Charter.) Each CoC will identify a local Lead Agency that coordinates with the NC HMIS and is responsible for specific tasks. The MCAH Memorandum of Understanding supports the ability for multiple jurisdictions to participate in a single HMIS information system.

2. All agencies must have the following fully executed documents on file and be in compliance with the policies and directives contained therein:
    a. A **Data Use Agreement/Administrative QSOBAA** governing administrative access to the system.
    b. A **Participation Agreement** governing the basic operating principles of the system and rules of membership.
    c. **Sharing QSOBAA's** (if applicable) governing the nature of the sharing and the re-release of data.
    d. A board-certified **Confidentiality Policy** governing the privacy and security standards for the Agency.
    e. A board-certified **Grievance Policy** outlining a structured process for resolving complaints or grievances against, or within, the organization.

3. All agencies will be required to submit the following information on an annual basis and/or as requested by the HMIS Lead Agency and/or the HMIS/Data Committee:
    a. Bed Count Recertification
    b. HMIS Participation Agreement
    c. Agency Administrator name and contact information
    d. HMIS End User Agreement
    e. Identified parties to receive data requests (existing form)
    f. Sharing QSOBAA
    g. Administrative QSOBAA
    h. Training certificates for all agency HMIS users

B. HMIS User Requirements

All agencies must have the following documents on file for all active users licensed in the NC HMIS project.

1. A fully executed **User Agreement and Code of Ethics** document governing the individual's participation in the system.
2. All users must keep training certificates for active users on file.

a. All users are required to take full privacy training when they are first licensed and take privacy update suite of training at least annually. Successful completion of the certification questionnaire is required for both the full privacy training and the privacy update. Documentation completion of this training must be available for review.
b. All users will complete workflow training, related workflow updates and have documentation of the training completion for all programs with which they work. If local CoCs or Agency Administrators have additional training requirements or offerings, they should have a method for documenting successful completion and have that documentation available at their local agencies for review as needed.
c. All users are trained in the HUD Data Standards Universal Data Elements and any Program Specific Elements that apply to the programs with which they work. This includes training on both the process for collecting client identity information, the Homeless Definition and the Chronic Homeless Definition.
d. All users are required to complete six (6) HMIS-related trainings per year. These Trainings may include any new training, any annual training, MCAH training, NC HMIS training, and/or any CoC HMIS training offered by the Lead Agency. Completed training should be documented and provided to the Agency Administrator for recordkeeping purposes. A user agency's failure to complete This training requirement will be reported by the Lead Agency to the CoC leadership.

III. PRIVACY

A. Privacy Statement

NC HMIS is committed to making the project safe for participating agencies and the clients whose information is recorded on the system.

Toward that end:

- Sharing is a planned activity guided by sharing agreements between agencies (Sharing QSOBAAs). Agencies may elect to keep private some or all of the client record including all identifying data.
- All organizations will screen for safety issues related to the use of automation.
- The NC HMIS is compliant with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to ensure that the broadest range of organizations may participate in the project. Access to Personal Protected Information will be restricted to persons with a business need to know, as defined by the laws governing the implementation, (ex. HIPAA, 42 CFR Part 2), these Policies and Procedures and the privacy policies implementation, (ex. HIPAA, 42 CFR Part 2), these Policies and Procedures and the privacy policies implemented by the CoC and local agencies.
- NC HMIS has systematized the risk assessment related to clients through the standard NC HMIS release. The standardized release offers options for the use of a client's Social Security number. It also provides guidance on using unnamed records and how the Privacy Notice is explained to clients.
- NC HMIS has adopted a Privacy Notice that was developed in close collaboration with organizations that manage information that may put a client at risk.
- Privacy Training is a requirement for all agencies and users on the NC HMIS system.

- Privacy Training is an opportunity for all participating organizations to revisit and improve their overall privacy practices. Many agencies choose to have all of their staff complete the NC HMIS training curricula - not just those with user access to the system.
- All users issued access to the system must sign a User Agreement & Code of Ethics from, and agencies must sign a NC HMIS Participation Agreement. Taken together, these documents obligate participants to core privacy procedures. If agencies decide to share information, they must sign an NC HMIS Participation Agreement. Taken together, these documents obligate participants to core privacy procedures. If agencies decide to share information, they must sign an agreement that defines their sharing and prevents release of information to unauthorized third parties (the Sharing QSOBAA).
- Policies have been developed that protect not only a client's privacy, but also an agency's privacy. Privacy practice principles around the use and publication of agency or CoC specific data have been developed and are included in both the Participation Agreement and this HMIS Policies and Procedures document.
- The NC HMIS System allows projects with multiple components/locations that serve the same client to operate on a single case plan. This reduces the number of staff and client time spent on documentation of activities and ensures that care is coordinated and messages to clients are reinforced and consistent.
- NC HMIS has incorporated continuous quality improvement training designed to help agency administrators use the information collected in the HMIS to stabilize and improve project processes, measure outcomes, report to funders, and be more competitive in funding requests.

B. Privacy and Security Plan:

All records entered into and downloaded from the HMIS are required to be kept in a confidential and secure manner.

Oversight:

1. All Agency Administrators with support of agency leadership must:
    a. Ensure that all staff using the system complete annual privacy update training. Training must be provided by NC HMIS Certified Trainers and based on the NC HMIS Privacy Security Training curricula.
    b. Conduct a quarterly review of their provider page visibility, ensuring that it properly reflects any signed Sharing QSOBAAs.
    c. Modify their adapted Release of Information, and script used to explain privacy to all clients, for any privacy changes made. These documents should also be audited quarterly to ensure they are compliant with current sharing agreements.
    d. Ensure user accounts are removed from the HMIS when a staff member leaves the organization, or when changes to a staff member's job responsibilities eliminate their need to access the system.
    e. Report any security or privacy incidents immediately to the CoCs HMIS Local System Administrator. The Local System Administrator must investigate the incident within one business day, by running applicable audit reports, and contacting MCAH staff for Assistance with the investigation. If the System Administrator determines that a breach has occurred, and/or the staff involved violated privacy or security guidelines, the client record(s) in question must be immediately locked down and the Local System Administrator will submit a written report to the NC HMIS Project Director and CoC Chair within two business days. A preliminary Corrective Action Plan will be developed and implemented within five business days. Components of the plan must include at minimum

supervision and retraining. It may also include removal of HMIS license, client notification if a breach has occurred, and any appropriate legal action.

2. Criminal background checks must be completed on all Local System Administrators by the Local Lead Agency. All agencies should be aware of the risks associated with any person given access to the system and limit access as necessary. System access levels will be used to support this activity.
3. The Local HMIS Lead Agency will conduct routine audits of participating agencies to ensure compliance with the Operating Policies and Procedures. The audit will include a mix of system and on-site reviews. The Local HMIS Lead Agency will document the inspection and any recommendations made, as well as schedule follow-up activities to identify any changes made to document compliance with the Operating Policies and Procedures.

Privacy:

4. Any agency that is subjected to the Violence Against Women Act restrictions on entering data into an HMIS are not permitted to participate in the NC HMIS project. These providers will maintain a comparable database to respond to grant contracts and reporting requirements.
5. All agencies must have the **HUD Public Notice** posted and visible to clients in locations where information is collected.
6. All agencies must have a **Privacy Notice.** They may adopt the NC HMIS sample notice or integrate NC HIS language into their existing notice. All Privacy Notices must define the uses and disclosures of data collected on HMIS including:
    a. The purpose for collection of client information.
    b. A brief description of policies and procedures governing privacy including protections for vulnerable populations.
    c. Data collection, use and purpose limitations. The uses of data must include de-identified data.
    d. The client has the right to copy/inspect/correct their record. Agencies may establish reasonable norms for the time and cost related to producing any copy of the record. The agency may say "no" to a request to correct information, but the agency must inform the client of its reasons in writing within 60 days of the request.
    e. The client complaint procedure.
    f. Notice to the consumer that the Privacy Notice may be updated over time and applies to all client information held by the Agency.
7. All Notices must be posted on the Agency's website.
8. All Agencies are required to have a **Privacy Policy**. Agencies may elect to use the Sample Policy provided by the NC HMIS project. All Privacy Policies must include:
    a. Procedures defined in the Agency's Privacy Notice.
    b. Protections afforded those with increased privacy risks such as protections for victims of domestic violence, dating violence, sexual assault, and stalking. Protections include at minimum:
        i. Close the profile search screen so that only the serving agency may see the record.
        ii. The right to refuse sharing if the agency has established an external sharing plan.
        iii. The right to be entered as an unnamed record, where identifying information is not recorded in the system and the record is located through a randomly generated number. (Note: This interface does allow for de-duplication by looking at key demographic identifiers in the system.)

iv. The right to have a record marked as inactive.
v. The right to remove their client record from the system.

c. Security of hard copy files: Agencies may create a paper record by printing the assessment screens located within NC HMIS. These records must be kept in accordance with the procedures that govern all hard copy information (see below).

d. Client Information storage and disposal: Users may not store information from the system on personal portable storage devices. The Agency will retain the client record for a period of seven years after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.

e. Remote Access and Usage: The Agency must establish a policy that governs use of the system when access is approved from remote locations. The policy must address:

i. Strict control of the use of portable devices with client identifying information.

ii. The environments where use is approved. These environments cannot be open to public access and all paper and/or electronic records that include client identified information must be secured in locked spaces or be password controlled.

iii. All browsers used to connect to the system must be secure. If accessing through a wireless network, that network must be encrypted and secured. **No user is allowed to access the database from a public or non-secured private network such as an airport, hotel, library or internet cafe.**

iv. Access via a cellular network using 5G LTE or similar access is permitted if the connection is protected and encrypted. This permits users to access NC HMIS from cell phones, tablet devices or personal hotspots. If broadcasting a hotspot signal, the device must have a passcode or other security measures to restrict general access.

v. All computers accessing the system are owned by the agency.

9. Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access.
   a. Client files must be locked in a drawer/file cabinet.
   b. Offices that contain client files must be locked when not occupied.
   c. Client files must not be left visible to unauthorized individuals.
10. The agency must provide a **Privacy Script** to all staff charged with explaining privacy rights to clients in order to standardize the privacy presentation. The script must:
    a. Be developed with agency leadership to reflect the agency's sharing agreements and the level of risk associated with the type of data the agency collects and shares.
    b. The script should be appropriate to the general education/literacy level of the agency's clients.
    c. A copy of the script should be available to clients as they complete the intake interview.
    d. All agency staff responsible for client interaction must be trained in the use of the Privacy Script.
11. Agencies that plan to share information through the system must sign a **Sharing QSOBAA** (Qualified Services Organization Business Associates Agreement).
    a. The Sharing QSOBAA prescribes the release of information shared under the terms of the agreement.
    b. The Sharing QSOBAAs specifies what is shared with.
    c. Agencies may share different portions of a client record with different partners and may sign multiple Sharing QSOBAAs to define a layered sharing practice.

d. The signatories to the Sharing QSOBAA must be representatives who have been authorized to sign such an agreement by the senior agency's leadership and/or the Agency Board of Directors.
e. All members of a Sharing QSOBAA must be informed that by sharing, they are creating a common electronic records that can impact data reflected in their reports. Members of the sharing group must agree to communicate and negotiate data conflicts.
f. No agency may be added to the agreement without the approval of all other participating agencies.
    i. Documentation of that approval must be available for review and may include such items as meeting minutes, email response or other written documentation.
    ii. Agency approval of additions or changes to a Sharing QSOBAA must be approved by a staff member with authorization to make such decisions on behalf of the agency.
g. When a new member is added to the Sharing QSOBAA, the related Visibility Group must be end-dated, and a new Visibility Group must be begun. **A new member may <u>not</u> be added to an existing External Visibility Group**.

12. Agencies must have appropriate **Release(s) of Information** that are consistent with the type of data the agency plans to share.
    a. The agency must have adopted the appropriate NC HMIS Basic Release of Information that is applicable to their sharing practice in order to share basic demographic and transactional information.
    b. If the agency integrates the NC HMIS Release into their existing releases, the release must include the following components:
        i. A brief description of NC HMIS including a summary of the HUD Public Notice.
        ii. A specific description of the Client Profile Search Screen and an opportunity for the client to request that the screen be closed.
        iii. A listing of the Agency's sharing partners (if any) and a description of what is shared. These sections must reflect items negotiated in the agency's Sharing QSOBAA.
        iv. A defined term of the Agreement.
        v. Interagency sharing must be accompanied by a negotiated and executed Sharing QSOBAA.
        vi. For agencies subject to 42 CFR Part 2, both internal and external sharing will be done in accordance with the law.
    c. A HIPAA compliant **Authorization to Release Confidential Information** is also required if the planned sharing includes any of the following:
        i. Case notes/progress notes
        ii. Information or referral for health, mental health, HIV/AIDS, substance use disorders, or domestic violence.
        iii. To reduce paper usage, the basic HMIS Release may be adapted to include the language necessary for a HIPAA compliant release if sharing practice is likely to include the items listed above in ii.
13. An **electronic ROI** is required to enable the sharing of any client's information between any provider pages on the system.
    a. Agencies should establish **Internal Visibility** or sharing only between their agency's provider pages, by creating visibility group(s) that include all agency's provider pages where sharing is planned and allowed by law.

i. Internal Visibility does not require a signed Client ROI unless otherwise specified by law. (However, an electronic release must still be entered into the system to permit Internal Visibility.)
ii. Unless otherwise specified by law, when new provider pages are added to the Agency tree, they may be included in the existing internal visibility group. The information available to that provider page will include all information covered by the visibility group from the beginning date of the Group-sharing will be retroactive.

b. Agencies may elect to share information with other agencies, a practice known as **External Sharing,** by negotiating a Sharing QSOBAA (see 8 above).
i. A signed and dated Client ROI must be stored in the Client Record (paper or scanned onto the system) for all electronic ROIs that release data between different agencies.
ii. Retroactive Sharing, or the sharing of historical information between two or more agencies without client consent is not permitted in HMIS. To prevent retroactive sharing, a new visibility group must be constructed whenever a new sharing partner is added to the agency's existing sharing plan/Sharing QSOBAA.

c. MCAH's procedure for pulling a client's housing history across the entire database to verify a client's eligibility for specific housing options requires that:
i. Consent for obtaining the client's housing history is written in the Outreach Sharing Plan section of the agency's ROI, and the client has agreed to permit this activity by initialing this section.
ii. An electronic copy of the signed ROI including the client authorization to release housing history has been attached to the client record in HMIS.

14. Client information entered in HMIS may be used to create **By-Name Lists** and in **Prioritization Meetings** provided that:
a. The client provides written consent to participate in a By-Name List and/or Prioritization process. Consent for participating in this process is built into the current version of the MCAH's ROI, under the Outreach Sharing Plan.
b. Information that a client authorizes to be discussed within the Prioritization/By-Name List process may only be discussed directly at those meetings, and not re-released back to agencies, unless a separate release/Sharing QSOBAA exists releasing that information.
15. The Agency must have a procedure to provide privacy notices to clients that are visually or hearing impaired or do not speak English as a primary language. For example:
a. Provisions for Braille or audio
b. Available in multiple languages
c. Available in large print
16. **Agencies are required to maintain a culture that supports privacy.**
a. Staff must not discuss client information in the presence of others without a need to know.
b. Staff must eliminate unique client identifiers before releasing data to the public.
c. The Agency must configure workspaces for intake that support the privacy of client interaction and data entry.
d. User accounts and passwords must not be shared with users, or visible for others to see.

e. Project staff must be educated to save reports with client identifying data on portable media. Agencies must be able to provide evidence of users receiving training on this procedure through written training procedures or meeting minutes.
f. Staff must be trained regarding the use of email communication, texting, file sharing and other electronic means of transferring data related to client services.
g. By-name housing prioritization lists may not be printed with client identifying information without written client consent.

Data Security:

1. All licensed HMIS Users must be assigned **Access Levels** that are consistent with their job responsibilities and their business "need to know."
2. All computers must have **network threat protection software with automatic updates.**
    a. Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to ensure that:
        i. The threat protection software is up to date.
        ii. That various system updates are automatic, unless a specific, documented reason exists to maintain an older erosion of the software.
        iii. Operating System updates are run regularly.
3. All computers must be protected by a firewall.
    a. Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to ensure that:
        i. For single computers, the software and versions are current.
        ii. For networked computers, the firewall firmware is current.
4. Physical access to computers that connect to HMIS must be controlled.
    a. All workstations must be in secured locations (locked offices)
    b. Workstations must be logged off when not manned.
    c. All workstations must be password protected.
    d. **All HMIS Users are prohibited from using a computer that is available to the public.**
5. A **Plan for Remote Access** must exist if staff will be using the NC HMIS outside of the office, such as working from home. Concerns addressed in this plan should include the privacy surrounding off-site access.
    a. The computer and environment of entry must meet all the standards defined above.
    b. Downloads from the computer may not include client identifying information.
    c. Staff must use an agency-owned computer.

Remember that your information security is never better than the trustworthiness of the staff you license to use the system. The data at risk is your own, that of your sharing partners and clients. If an accidental or purposeful breach occurs, you are required to notify MCAH. A system audit of which users have touched a client record can be completed by a System Administrator.

IV. DATA BACKUP AND DISASTER RECOVERY PLAN:

The HMIS is a critically important tool in responding to catastrophic events. The NC HMIS data is housed in a secure server bank in Shreveport, Louisiana with nightly off-site backup. In case of a significant system failure at the main data center, NC HMIS can be brought back within
approximately four hours.

A. Backup Details for NC HMIS

See "WellSky's Securing Client Data" for a detailed description of data security and WellSky's Disaster Response Plan.

1. The NC HMIS Project maintains the highest-level disaster recovery service by contracting with WellSky for Premium Disaster Recovery that includes:
    a. Off site, out-of-state backup on a different internet provider, and a separate electrical grid.
    b. Regular backups of the application server and regular alignment with the current version of the live NC HMIS site.
    c. Near-instantaneous backups of the NC HMIS database (information is backed up within 5 minutes of entry.)
    d. Additional nightly off-site replication for protection in case of a primary data center failure.
    e. Priority level response that ensures downtime will not exceed 4 hours.

B. NC HMIS Project Disaster Recovery Plan:

In the event of a major system failure:

1. The NC HMIS Project Director or designee will notify all participating CoCs and Local System Administrators should a disaster occur at WellSky which affects the functionality and availability of ServicePoint. When appropriate, NC HMIS will notify Local System Administrators/CoC Leadership of the planned recovery activities and related timelines.
2. Local/assigned System Administrators are responsible for notifying their local agencies and users.
    a. If a failure occurs after normal business hours, NC HMIS staff will report the system failure to WellSky using their emergency contact line. An email will also be sent to Local System Administrators no later than one hour following identification of the failure.
3. The NC HMIS Project Director or designated staff will notify WellSky if additional database services are required.
4. The MSHMIS Project will always have one staff member on-call 24/7/365 so agencies and users can report system outages. Contact information for this person is supplied by NC HMIS.

C. Local HMIS Lead Agencies:

Local HMIS Lead Agencies within CoCs have an obligation to secure and backup key information necessary for the administration and functioning of the NC HMIS Project within their own CoC.

1. NC HMIS Lead Agencies are required to back-up their internal data system nightly.
2. Data back-ups must include a solution for maintaining at least one copy of key internal data off-site for participating agency internal data systems. This location must be secure with controlled access.
3. Local HMIS Lead Agencies must have a disaster recovery plan documented which outlines the policies and procedures for the CoC in case of major system disaster.
    a. Agency Emergency Protocols must include:
        i. Emergency contact information including the names/organizations and numbers of local responders and key internal organization staff, designated representatives of the CoCs, the local HMIS Lead Agency, and the NC HMIS Project Director.
        ii. Delegation of key responsibilities. The plan should outline which people will be responsible for notification and the timeline of notification.

4. In the event of a local disaster:
    a. NC HMIS in collaboration with the local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.
5. NC HMIS in collaboration with the local Lead Agencies will also provide access to organizations charged with crisis response within the privacy guidelines of the system and as allowed by law.

V. LOCAL SYSTEM ADMINISTRATOR:

The position of the Local System Administrator/System Administrator I is key to the success of the CoC. This person is responsible for overseeing the operation of the NC HMIS project in either a local CoC or a Local Planning Body/CoC. This position will be referred to in this section as a Local System Administrator. The following describes the typical list of responsibilities for a Local Administrator within a CoC.

A. Training Requirements for a Local System Administrator:

1. All training required for standard uses of the system.
2. Provider Page Training and Workflow Training for all workflows used in their CoC.
3. Reports Training (Local System Administrators are tasked with supporting data quality as well as monitoring outcomes and other performance issues).
4. System Administrator Training - This training usually takes place several weeks after a new Local System Administrator has been in their position.
5. Continuous Quality Improvement Training
6. All System Administrators are required to read and understand the HUD Data Standards that underpin the rules of the HMIS.
7. HUD Initiative Training (AHAR, PIT, APR, etc.)

B. Meetings Local System Administrators Are Required to Participate In:

1. Regular CoC Meetings and/or workgroups as determined by the CoC.
2. The CoC Reports Committee or meetings where data use and release are discussed.
3. The Monthly System Administrator Call-In (2nd Tuesday of every Month at 10 am).
4. Regular Agency Administrator/User Meetings within the CoC

C. Local System Administrator Responsibilities:

1. Help Desk and Local Technical Support

a. The Local System Administrator provides front-line technical support/technical assistance for users and agencies within the CoC they support. This support includes resetting passwords and troubleshooting/problem solving for users and agencies within their CoC. Where applicable, the Local System Administrator may train Agency Administrators to do fundamental system support activities, minimizing the burden for support on the Local System Administrator.
b. The Local System Administrator builds relationships within the agencies they serve, working to understand the business practices of these agencies, and

Assisting them with mapping these business practices onto the system. The HMIS lead staff will be available, on request, to provide advanced technical assistance if requested by the Local System Administrator/Local CoC.

2. User and Provider Page Setup

a. Local System Administrators will set up new users in NC HMIS or delegate the task to their Agency Administrators. If delegating this task, they will train Agency Administrators on proper setup of user accounts.
b. Local System Administrators will supervise license allocation for users and agencies within the CoC they serve. When necessary or requested, the Local System Administrator will purchase additional licenses directly for the CoC.
c. The Local System Administrator will work in partnership with agencies and Agency Administrators in the CoC. They ensure that agency provider pages are set up correctly per the HUD Data Standards.
d. The Local System Administrator will work directly with Agency Administrators and agencies, through a collaborative process to ensure proper visibility is established for the provider pages in the CoC they serve. The agency, at all times, will be directly involved in the visibility process and will sign off on any visibility changes made.

3. Communication

a. The Local System Administrator will host regular User/Agency Administrator meetings for system users in the CoC(s) they serve. These meetings will cover important news on system changes, items of local interest within the CoC, and issues identified by the CoC's Local System Administrator.
b. The Local System Administrator will share any key news items of local impact, interest, or relevance to the users and Agency Administrators in the CoC they serve.

4. **Training**

a. The Local System Administrator will inform Agency Administrators and local users of required and recommended system training that are available through the NC HMIS training website.
b. The Local System Administrator will provide localized training to CoC users and Agencies for issues or items of importance related to the local community. These may include local PITHIC training, guidance on local data cleanup, or specific guidance on proper workflow and system usage that are identified through an audit process.
c. The Local System Administrator will provide training for local users on initiatives identified and agreed upon between the Local System Administrator and the local CoC.

5. HUD Projects and Activities (Including LSA, PIT/HIC, HMIS APR, SPMs, HUD NOFO):

a. The Local System Administrator will work directly with CoC leadership to complete CoC-wide HUD reporting activities such as the AHAR, PIT/HIC, System Performance Measures and the CoC HUD NOFA submission. The Local System Administrator will also assist the CoC with work surrounding state and local funding initiatives which require data from the HMIS.
b. The Local System Administrator will assist with completing the HMIS Annual Performance Report (APR) for the CoC they serve, if the CoC has a HUD-funded CoC HMIS grant.

c. The Local System Administrator will provide support/technical assistance for agencies completing the CoC APR within their CoC. This includes providing technical assistance with problem solving data quality issues, reporting issues, etc.

6. Local CoC Reporting

a. The Local System Administrator is responsible for providing reports to the CoC. these include, but are not limited to:
    i. CoC wide demographics, performance outcomes, and data quality reports that are used for informational and evaluation purposes.
    ii. Final reports on submissions made to HUD for various HUD mandated activities such as the LSA, PIT/HIC, SPMs and the HMIS APR.
    iii. General request for data of interest to the local CoC.
    iv. Any additional reporting requirements initiated by HUD that are required of the local CoC.
b. The Local System Administrator will train local Agency Administrators and users on how to run reports at the agency level to monitor data quality and outcomes on a regular basis.
c. The Local System Administrator will be responsible for generating reports on activities and expenditures to the local CoC where they serve, as directed by the CoC.

7. CoC/Agency/Project Auditing and Monitoring

a. The Local System Administrator will work with the local CoC to establish local HMIS policies and procedures using this Policies and Procedures document as a frame. The Local System Administrator will work with local CoC leadership and Agency Leadership/Administrators to update this document as needed.
b. The Local System Administrator, collaborating with the Agency Administrators in the CoC, will audit agencies and projects to ensure compliance. Audit activities may include, but are not limited to:
    i. Ensuring the agency has all required contracts, agreements and policies in place for participation in the HMIS.
    ii. Verifying system users have completed all required training for system participation.
    iii. Ensuring provider pages are correctly set up per HUD Standards Guidance.
    iv. Ensuring agencies are following appropriate data entry protocol per the funding sources from which they receive funding.
    v. Monitoring implementation of privacy, to ensure client rights are being protected.
    vi. Regularly monitoring data quality, completeness and outcomes to ensure projects are maintaining a high level of compliance with HUD and CoC requirements.

(Note: Completion of these tasks is the responsibility of both the Local HMIS Lead (the Local System Administrator) and the agencies which participate in the system in the local CoC. The Local System Administrator can create a policy under which local agencies are responsible for monitoring themselves and instruct them on application of that policy. The Local System Administrator can then assist agencies with implementing the policy locally to ensure compliance. The HMIS Lead has released a series of tools to help local HMIS Leads with the process of developing compliance tools).

VI. AGENCY ADMINISTRATOR:

All agencies participating in the system must identify a staff member within the organization to serve as an Agency Administrator.

A. The Agency Administrator Role/Requirements:

1. Serves as the lead point of contact in the agency for all HMIS related activities and communication.
2. Is the first point of contact for providing technical assistance for agency users. If the Agency Administrator cannot resolve the issue it will be elevated to the Local System Administrator.
3. Oversees data quality activities for projects within the agency, (this includes running regular data quality reports and working with staff on data corrections.)
    a. The Agency Administrator Is responsible for following the data quality plan defined by the local CoC.
4. Monitors agency compliance with HMIS requirements such as:
    a. Keeping all agency related HMIS agreements and paperwork on file.
    b. Managing agency user licenses and accounts if delegated the task by the CoC's Local System Administrator.
    c. Ensuring privacy practices are properly implemented at the agency and project levels.
    d. Regularly reviewing that agency staff are properly trained in their use of the HMIS.
    e. Auditing agency provider pages regularly in partnership with the Local System Administrator, to ensure that setup is correct and compliant.
5. Works with agency staff and leadership to complete any funder required reports and submissions.
    a. Works with the Local System Administrator to check agency data for CoC reporting activities. These include but are not limited to the Point in Time Count/Housing Inventory Count, the Longitudinal System Analysis and System Performance Measures.
6. Training Requirements - Agency Administrators must complete and maintain documentation of the following:
    a. All base training required for HMIS users.
    b. Provider Page training.
    c. Workflow Training for all workflows used in their agency. This training will be developed by the NC HIS Lead, the funding agency or an agency authorized to train on behalf of the funding agency or NC HMIS.
    d. Reports Training (agency users and leadership are tasked with supporting data quality as well as monitoring outcomes and other performance issues.)
    e. HMIS Agency Administrators and End Users are required to complete six (6) HMIS-related trainings per year. These trainings may include any new user training, any annual training, MCAH training, NC HMIS training, and/or any CoC HMIS training offered by the Lead Agency. Completed training should be documented and provided to the Agency Administrator for recordkeeping purposes. A user agency's failure to complete this training requirement will be reported by the Lead Agency to the CoC's leadership.
    f. All HMIS user agencies are required to maintain an annual Data Completeness and Accuracy Score of 85% per fiscal year. A user agency's failure to maintain this score will be reported by the Lead Agency to the CoC's leadership.
    g. Other training as specified by the CoC.
7. Agency Administrator Participation Requirements - Agency Administrator should participate in the following CoC or agency meetings:

a. CoC HMIS Agency Administrator meetings and trainings
b. Agency specific HMIS user meetings or preside over an HMIS specific topic during routine staff meetings.
c. The CoC's HMIS/Data Committee reviews and governs the publication of CoC information.
d. The Agency Administrator or their designee must attend 75% of the Quarterly HMIS User Meetings hosted by the lead agency. Each agency is allowed to miss one meeting per year. In addition to ensuring that the attendance requirement is met, the Agency Administrator is responsible for relaying information from the meetings to all HMIS users at their agency.

VII. DATA QUALITY PLAN AND WORKFLOWS:

A. Provider Page Set-Up:

1. Provider Pages are appropriately named per the NC HMIS naming standards.
   Agency Name - Location (CoC Name) - Project Name - Project Funding Descriptors.
   For example: The Salvation Army-Guilford CoC-Emergency Shelter Project-State ESG.
   Identification of funding stream is critical to completing required reporting to the funding organization.
2. Operating Start Dates are appropriately entered on provider pages and reflect when the project began offering housing and/or services. If the project began operating before October 1, 2012, and the exact start date is not known, the start date may be estimated (set to a date prior to October 1, 2012).
3. Inactive Provider Pages must be properly identified with "XXX Closed" followed by the year of the last project exit>Provider Page Name. For example, XXXClosed2016.
   For a detailed description of closing inactive provider pages, see the MCAH Procedure for Closing Inactive HMIS Provider Pages.
   a. All clients in inactive/closed provider pages must be closed. Audit and clean-up of inactive pages include closing all open services and incomes and exiting all unexited clients.
4. The primary provider contact information must be current and reflect where the services are being delivered.
5. HUD Data Standards must be fully completed on all provider pages:
   a. Operating start date is correctly set. If a project is still functioning, the end date is null. If the project has stopped operations, the end date reflects the date the project stopped offering services.
   b. CoC code must be correctly set. If a project stops functioning in the CoC, the appropriate end date must be added to the CoC Code Entry.
   c. Project type codes must be correctly set.
   d. Victim services code is correctly set.
   e. If a project is an Emergency Shelter, the Method for Tracking Emergency Shelter Utilization field must be correctly set. If a project is not an Emergency Shelter, this field should be left null or "Select."
   f. Geocodes must be set correctly.
   g. The Continuum Project field must be properly completed.
   h. If a project is HOPWA, RHY, PATH HUD CoC or SSVF, the Provider Grant Type must be correctly filled out.

i. Bed and Unit Inventories must be set for applicable residential projects. Bed and
    a. Unit Inventories for all projects should be reviewed at least annually and updated as needed.
j. Federal Partner Funding Source values must be selected for projects. Federal
    a. Partner Funding Sources are to be updated at least annually. If a project is not funded by a Federal Partner Funding Source, the option selected should be "NA."
k. Assessments with the appropriate Living Situation question must be assigned based on Program Type.
    a. Emergency Shelter, Street Outreach or Safe Haven projects should use the NC HMIS CoC Intake assessment or one that is comparable for their specific workflow and funding sources.
    b. All other project types should use the NC HMIS CoC Intake assessment or one that is comparable for their specific workflow and funding sources.

B. Data Quality Plan:

1. Agencies must require documentation at intake of the homeless status of the homeless status of consumers according to the reporting and eligibility guidelines issued by HUD. The "order of priority" for obtaining evidence of homeless status are (1) third party documentation, (2) worker observations, and (3) certification from the person. Lack of third-party documentation may not be used to refuse emergency shelter, outreach or domestic violence services. Local CoCs may designate the local coordinated assessment agencies to establish the homeless designation and maintain related documentation.
2. 100% of the clients must be entered into NC HMIS within 3 business days of collection. If the information is not entered on the same day it is collected, the agency must assure that the date associated with the information is the date on which the data was collected by:
    a. Entering data into the system using the Enter Data As function.
    b. Entering the project start/exit data including the UDEs on the Entry/Exit Tab of ServicePoint
    c. Backdating the information into the system.
3. All staff are required to be trained on the definition of Homelessness.
    a. NC HMIS provides a homeless definition crosswalk and a 3.917 flowchart to support agency level training.
    b. There must be congruity between the NC HMIS case record response based on the applicable homeless definition. Elements to HUD Data Standard Element 3.917a or 3.917b must be properly completed.
4. The agency has a process to ensure the First and Last Names are spelled correctly and that the DOB and Social Security numbers are accurate.
    a. Identification (ID) may be requested at intake to support proper spelling of the client's name, as well as the recording of the DOB.
    b. If no ID is available, staff should request the spelling of the person's name. **Staff should not assume they know the spelling of the name.**
    c. If a client identifies with a name different from the one on their legal documents (for example, a client is transgender and has not legally changed their name), staff should enter the client's legal name in the First Name and Last Name fields until a legal name

change has taken place. This will assist the client with getting access to resources requiring an ID. The name a client presents with should be entered in the Preferred Name/Alias field of the client profile.

d. Projects that serve the chronic and higher risk populations are encouraged to use the scan card process within ServicePoint to improve un-duplication and to improve the efficiency of recording services.

e. Data for clients with significant privacy needs may be entered under the "unnamed record" feature of the system. However, while identifiers are not stored using this feature, great care should be taken in creating the unnamed algorithm by carefully entering the first and last name and the DOB. Names and ServicePoint ID number crosswalks (that are required to find the record again) must be maintained off-line in a secure location,

5. Income, non-cash benefits and health insurance information are being updated annually and at exit, or at the frequency specified by program requirements.
    a. For Permanent Housing Projects, the Housing Move-in Date is completed on an update when the client moves into housing.
    b. Annual Reviews will be completed in the 30 days prior to or after the anniversary of the client's entry into services.
    c. For PH projects with long stays, at the annual review, incomes that are over two years old must be updated by closing the existing income and entering a new income record (even if the income has not changed). This assures that the income has been confirmed and will pull properly into reports.
    d. For all other projects, any income(s) no longer available to the client should be closed on the day before intake (if data is shared from another provider), annual review and exit. If the income is over two years, please follow the procedure defined above.
6. Agencies must have an organized exit process that includes:
    a. Educating clients and staff on the importance of planning and communicating regarding discharge destination and outcomes. This must be evidenced through staff meeting minutes or other training logs and records. Discharge Destinations must be properly mapped to the HUD Destination Categories.
        i. NC HMIS provides a Destination Definition document to support proper completion of exits. All new staff must have training on this document.
        ii. Projects must have defined processes for collecting this information from as many households as possible.
    b. There is a procedure for communicating exit information to the person responsible for data entry if not entering real time.
7. Agency Administrators/staff regularly run data quality reports.
    a. Report frequency should reflect the volume of data entered into the system. Frequency for funded projects will be governed by Grant Agreements, HUD reporting cycles, and local CoC Standards. However, higher volume projects such as shelters and services only projects must review and correct data at least monthly. Lower volume projects such as Transitional and Permanent Housing must run following all intakes and exits and quarterly to monitor the recording of services and other required data elements including annual updates of income and employment.

b. The project starts and exit dates should be recorded upon project start or exit of all participants. Project start dates should record the first day of Service or initial contact with a client. Exit dates should record the last day of residence before the participant leaves the shelter/housing project or the last day a service was provided.
c. Data quality screening and correction activities must include the following:
    i. Missing or inaccurate information in Universal Data Element Fields.
    ii. The Relationship to Household assessment questions is completed.
    iii. The Living Situation series of questions are completed.
    iv. The Client Location question is completed.
    v. The Domestic Violence questions are completed.
    vi. HUD Verifications are completed on all income, non-cash benefits, Health Insurance and Disability sub-assessments.
    vii. The Housing Move-in-Date is completed for all Permanent Housing projects as appropriate.
    viii. All project specific data elements are completed as required by the various funding sources supporting the project.
d. Providers must audit unexited clients in the system by using the length of stay and unexited client data quality reports.

2. CoCs and Agencies are required to review Outcome Performance Reports/System Performance Measures reports defined by HUD and other funding organizations. Measures are based on Project Type. The CoC Lead Agency, in collaboration with the CoC HMIS/Data Committee or other designated CQI Committee, establishes local benchmark targets for performance improvement on shared measures.
3. Agencies are expected to participate in the CoCs Continuous Quality Improvement Plan. See CQI materials designed to support data quality through continuous quality improvement.

C. Workflow Requirements:

1. Provider Page Configuration settings must use the assessments that are appropriate for the funding stream.
2. Users performing data entry must use the latest copies of the workflow guidance documents.
3. If using paper, the intake data collection forms must align correctly with the workflow.
4. 100% of clients must be entered into the system no later than 3 days from the intake date.
5. Agencies must actively monitor project participation and client exits. Clients must be exited within 30 days of last contact unless project guidelines specify otherwise.
6. All required project information must be collected.
    a. All HMIS participating agencies are required to enter at minimum the Universal Data Elements.
    b. Projects that serve clients over time are required to complete additional updates as defined by the funding stream. If the Agency is not reporting to a funding stream, they are encouraged to use the North Carolina Update forms that are consistent with their workflows.

D. Coordinated Entry Requirements:

1. All Coordinated Entry projects/provider pages must use an Entry/Exit workflow to track activity within Coordinated Entry.
    a. Clients should be exited using a standardized process for Coordinated Entry Exits. This process is defined by the CoC.
2. All Coordinated Entry projects/provider pages must collect all Coordinated Entry data elements defined in the HUD HMIS Data Standards.

VIII. RESEARCH AND ELECTRONIC DATA EXCHANGES

A. Electronic Data Exchanges:

1. Agencies electing to either import data to or export data from the NC HMIS must assure:
    a. **Data Import -** The quality of the data being loaded onto the System meets all the data quality standards listed in this policy including timeliness, completeness, and accuracy. In all cases, the importing organization must be able to successfully generate all required reports including but not limited to the CoC APR, the ESG CAPER, or other required reports as specified by the funder.
    b. **Data Export -** Agencies exporting data from NC HMIS must certify the privacy and security rights promised participants on the HMIS are met on the destination system. If the destination system operates under less restrictive rules, the client must be fully informed and approve of the transfer during the intake process. The agency must have the ability to restrict transfers to those clients that approve the exchange.
        i. Agencies who conduct data exports must have a process to ensure confidential information is secured and protected throughout the entire transmission process.
2. The North Carolina HMIS Governance Committee/MCAH or your local CoC may elect to participate in de-identified research data sets to support research and planning.
    a. De-identification will involve the masking or removal of all identifying or potential identifying information such as the name, Unique Client ID, SS#, DOB, address, agency name, and agency location.
    b. Geographic analysis will be restricted to prevent any data pools that are small enough to inadvertently identify a client by other characteristics.
    c. Projects used to match and/or remove identifying information will not allow a re-identification process to occur. If retention of identifying information is maintained by a "trusted party" to allow for updates of an otherwise de-identified data set, the organization/person charged with retaining that data set will certify that the meet medical/behavioral health security standards and that all identifiers are kept strictly confidential and separate from the de-identified data set.
    d. CoCs will be provided a description of each study being implemented. Agencies or CoCs may opt out of the study through a written notice to MACH or the study owner.
3. The North Carolina HMIS Governance Committee/MCAH or your local CoC may elect to participate in identified research data sets to support research and planning.
    a. All identified research must be governed through an Institutional Research Board including requirements for client informed consent.

b. CoCs will be provided a description of each study being implemented. Agencies may opt out of the study through a written notice to MCAH or the study owner.

APPENDIX A: Document Checklist FOR Guilford County HMIS Agencies

All agencies that participate on the NC HMIS project are required to keep either a physical or electronic binder containing each of the following fully executed documents.

Contracts, Agreements, Policies and Procedures

- **Fully Executed MCAH Memorandum of Understanding:** (Only the HMIS and/or CoC Lead Agency is required to maintain this document.)
- **HMIS Policies and Procedures Document for the CoC**: (Only the HMIS and/or CoC Lead Agency are required to maintain this document. It must have been formally approved by the CoC as evidenced by CoC meeting minutes.

- **Administrative QSOBAA:** Fully signed and executed.
- **Participation Agreement:** Fully signed and executed.
- **Sharing QSOBAAs**: (Only necessary if the agency has engaged in external sharing). The document should be fully signed and executed. If any changes have been made to a Sharing QSOBAA, written documentation and approval of those changes by all parties must be included also.
- **Confidentiality Policy:** (As approved by Agency's Board of Directors)
- **Grievance Policy:** (As approved by Agency's Board of Directors)

NC HMIS User Documentation

- **User Agreement and Code of Ethics Document:** Fully initiated and signed. A User Agreement and Code of Ethics document must be filed for all users currently licensed on NC HMIS. It is recommended that the User Agreement and Code of Ethics documents for employees no longer at the agency be kept with their separate employee file.
- **User Training Documentation/Certification:** Documentation of all NC HMIS trainings completed by active users are to be kept in the NC HMIS binder. These trainings must be certified by either MCAH, a certified MCAH trainer, other identified stateside trainers or CoC identified trainers for CoC initiatives. Evidence of training includes training completion certificates, successfully passed training quizzes, training logs, etc.

Agency Privacy Documents

- **HUD Posted Public Notice:** HUD Public Notices should be posted in locations where clients are seen.
- **Agency Privacy Notice**: Agencies can adopt the sample MCAH Notice or customize the notice to address agency needs.
- **Agency Privacy Policy**: Agencies can adopt the sample MCAH Policy or customize the policy to address agency needs.
- **Current Agency Privacy Script:** Developed and approved by agency leadership. The policy should be based on a current version of the CoC or Agency Release of Information.
- **Current Agency Release of Information:** Must specify all sharing partners and the sharing outreach plan, as applicable.

APPENDIX B: HMIS USER POLICY & CODE OF ETHICS

NC-504 HMIS USER POLICY & CODE OF ETHICS

HMIS User Policy

The Homeless Management Information System (HMIS) is a collaborative statewide effort among homeless service providers to document client-level needs and characteristics through a coordinated system which aggregates common information at the agency, community, and state levels.

HMIS is a tool that can also assist agencies in focusing services and locating alternative resources to help people experiencing homelessness. Agency staff may use the client information in the system to target services to the client's needs.

The NC-504 HMIS is an entirely web-based system hosted on a central server that is managed by the Michigan Coalition Against Homeless (MCAH). MCAH provides participating Continuums of Care with oversight for implementation as designed by the NC HMIS Governance Committee. The system is accessed via the internet by agencies providing, Coordinated Entry services, shelter, housing, and supportive services to homeless individuals and families.

Participating agencies shall have rights to the data pertaining to their clients that they directly enter into HMIS at all times. Participating agencies shall be bound by all permissions and restrictions imposed by clients pertaining to the use of personal data. The permission and restrictions imposed by clients are outlined in the NC-504 HMIS Client Release of Information and Sharing Plan.

All HMIS users are required to complete MCAH's online training prior to using the system. This online training includes the Client Privacy and Data Security Essentials courses. Agency Administrators must complete the Client and Data Security Essentials and Advance Privacy and Security courses prior to using the system.

All HMIS users are required to read and understand their Agency's Privacy Notice.

Data-Sharing and Release of Information

- The Agency understands that informed client consent is required for the purpose of interagency sharing of information. Informed client consent will be documented by completion of the NC-504 HMIS Client Release of Information and Sharing Plan.

- The NC-504 HMIS Client Release of Information and Sharing Plan authorizes user agencies to enter basic identifying client data to into the HMIS profile screen to be shared among all HMIS user agencies. All other released assessment and service information will be shared with select HMIS partner agencies based on the QSOBAA.

- If a client denies authorization to enter or share specific information in HMIS, the staff entering the information shall lock the impacted screen(s). This ensures that client information is accessible only to the agency entering data into the program. If the client's name represents a specific risk the record may be entirely locked so that it is only viewable by the agency serving the client. In extreme cases the record may be entered using the "un-named" record function that does not store the client's name but does allow for generating unduplicated counts.

Minimum data entry on each client will be defined by the user agency's workflow; however, all agencies are required to complete the Universal Data Elements as specified by the NC-504 HMIS Policies and Procedures. To ensure accurate tracking of materials, every entry should include either entry/exit record or a service transaction that is timestamped.

Restricted Information

Information, including progress notes and psychotherapy notes, about the diagnosis, treatment, or referrals related to mental health disorders, drug or alcohol disorders, HIV, or AIDS, and domestic violence concerns shall not be shared with other Participating Agencies without the client's written, informed consent as documented on the NC-504 HMIS Release of Information and Sharing Plan.

The sharing of information for children under the age of 18 who are not accompanied by a legal guardian, will be governed by existing laws or statutes regarding the age at which children under the age of 18 may authorize the release of their information.

USER RESPONSIBILITY

Your user ID and password give you access and authority to use the HMIS. Failure to uphold confidentiality standards set forth below and in your agency's internal policies may be grounds for immediate termination by your employer.

Please initial each item below to indicate your acceptance and understanding of the user responsibilities.

____ I have read and understand my Agency's Privacy Notice/script to describe privacy policies to clients.

____ I understand that my user ID and passwords must be kept secure and are not to be shared with anyone, including other staff members.

____ I understand that the only individuals who can view information in HMIS are authorized users and the clients to whom the information pertains. I understand that HMIS users must respect each client's privacy and hold in confidence all information obtained in the course of my use of the software system.

____ I understand that I may only view, obtain, disclose, or use the database information that is necessary to perform my job.

____ I understand that client information should be accessed only in order to retrieve data relevant to a client requesting services from my agency.

____ I understand that - in the event that I am terminated or leave my employment with this agency - my access to HMIS will be revoked.

____ I understand that clients have the right to see and correct their information on HMIS. I understand that - if a client requests to see their information - the Participating Agency/User who receives the request must review the information with the client and revise any incorrect information at the client's request.

____ I understand that failure to log off HMIS appropriately may result in a breach in client confidentiality and system security.

____ I understand that - if I am logged into HMIS and must leave the work area where the computer is located - I must lock my computer and/or log off of HMIS before leaving the work area.

____ I understand that my access to HMIS is limited to my designated work site unless I am given the express written consent of the Agency Administrator to access the system from other specified locations.

____ I understand that a computer that has HMIS open and running shall never be arranged so that unauthorized individuals may see the information on the screen.

____ I understand that hard copies and downloads of information from HMIS onto a hard drive, flash drive, or disk must be kept secure to ensure that only appropriate agency staff have access. I further understand that - when hard copies and downloads of client information are no longer needed - they must be properly destroyed as described in my agency's privacy and confidentiality policies.

____ I understand that, if I notice or suspect a security breach, I must immediately notify my HMIS Agency Administrator, my supervisor/agency leadership, the HMIS Lead Agency, and the HMIS System Administrator/Help Desk. I understand that these steps assist in ensuring that the breach has been closed and in determining if the record has been opened by any person not privileged to see the information. (Reminder: A full report, including actions taken after the potential breach was identified, must be forwarded to the HMIS System Administrator within five (5) working days. The occurrence or suspected occurrence of a security breach should be treated as confidential and only the parties indicated above should be notified of the occurrence or suspected occurrence of such breach.)

____I understand that I am responsible for reporting any system malfunctions or "bugs" that I notice or suspect to the Agency Administrator and other appropriate system support staff.

____ I understand that I must secure HMIS information as closed in each of the modules for which the client has not given consent for data sharing.

____ I understand that I must get a second specific "Release of Information" to share restricted information about the diagnosis, treatment, or referrals related to mental health disorder, drug or alcohol disorder, HIV, AIDS, and domestic violence. In addition, WellSky settings must reflect the client's expressed wishes as documented through the informed consent process.

Agency Administrators must acknowledge the following additional requirements:

____ I understand that any adjustment of the Visibility Setting for an agency must be done with the full approval of the agency.
____ I understand that System Administrators are not allowed to download named data. I understand that all reports that include specific client information must use the client ID number only.

Failure to comply with all guidelines as listed above may result in the suspension or termination of your HMIS license.

HMIS Violation Policy

The Guilford County Continuum of Care (CoC) utilizes a graduated warning system to address HMIS violations. These procedures aim to ensure that all agencies adhere to HMIS policies, maintaining the integrity and effectiveness of the system. The CoC's HMIS/Data Committee will adhere to the following system when notified of violations to any and all standing HMIS policies, procedures, or agreements:

First Violation: A written warning will be issued to the agency, detailing the nature of the violation and necessary corrective actions. Failure to respond to the written warning and/or to take or complete any necessary corrective action may result in a secondary violation.

Second Violation/License Suspension: A second written warning will be issued, requiring immediate corrective actions, mandatory attendance at a compliance training session, and (as deemed necessary by the HMIS/Data Committee) the temporary suspension of the licenses of any users found in violation. During the suspension, a thorough review of the agency's compliance with HMIS policies will be conducted by the HMIS/Data Committee, the HMIS Lead Agency, and the Collaborative Applicant.

Severe or Persistent Non-Compliance/License Termination: If an agency demonstrates severe or persistent non-compliance, HMIS access may be permanently terminated. In such situations, a final notice will be issued to the affected user by the HMIS Lead Agency at the instruction of the HMIS/Data Committee. The notice will outline the reasons for termination and any potential appeals process.

NC-504 HMIS User Code of Ethics

A. All users shall adhere to the NC HMIS Operating Policies and Procedures, as well as the NC-504 HMIS Policies and Procedures

B. Each HMIS user shall maintain high standards of professional conduct in his/her capacity as a HMIS user.

C. All HMIS Users shall endorse and maintain the client’s rights related to privacy and confidentiality.

D. Each HMIS User has the primary responsibility of collecting and inputting data for his/her client(s).

E. HMIS Users will not misrepresent information in HMIS by knowingly entering inaccurate information (i.e., User will not purposefully enter inaccurate information on a new record or to over-ride information entered by another agency.)

F. Discriminatory comments based on race, color, religion, national origin, ancestry, disability, age, sex, and/or sexual orientation are not permitted in HMIS.

G. No one will use the HMIS database with the intent to defraud the federal, state, or local. government or an individual entity, nor to conduct any illegal activity.

I understand and agree to comply with all the statements listed above.

_____ _____

HMIS User Signature Date

_____ _____

HMIS Agency Administrator Signature (witness) Date

APPENDIX C: HMIS/DATA COMMITTEE CONFIDENTIALITY AGREEMENT

HMIS/Data Committee Confidentiality Agreement

This Confidentiality Agreement (the “Agreement”) is entered into by and between members of the HMIS/Data Committee (the “Committee”) to ensure the proper handling, sharing, and safeguarding of sensitive information discussed or reviewed during committee meetings and interactions.

1. Purpose

The purpose of this Agreement is to protect the confidentiality of information shared within the Committee while permitting the appropriate dissemination of pertinent information to authorized entities for the effective operation and oversight of the Guilford County Continuum of Care (CoC).

2. Confidential Information

Confidential Information includes, but is not limited to:

- Client data shared or accessed through the Homeless Management Information System (HMIS).
- Discussions, documents, or reports regarding system performance, program evaluations, or other matters pertaining to the operations and decisions of the CoC.
- Information shared about specific partner agencies, HMIS violations, and/or other concerns.
- Any other information designated as confidential by the Committee.

3. Permitted Disclosures

Committee members agree to limit the disclosure of confidential information to the following authorized entities and only as necessary to fulfill their roles and responsibilities:

- The Guilford County CoC Board of Directors.
- The Guilford County CoC Collaborative Applicant.
- The System Performance Evaluation Committee.
- The NC HMIS Governance Committee.
- The Michigan Coalition Against Homelessness (MCAH).

4. Obligations of Confidentiality

Committee members agree to:

- Refrain from sharing or discussing confidential information with unauthorized persons or entities.
- Take reasonable steps to ensure the security of all confidential materials, including electronic and physical records.
- Immediately notify the Committee Chairperson of any suspected or actual breach of this confidentiality agreement.

5. Exceptions

This Agreement does not restrict the disclosure of information that:

- Is publicly available or becomes publicly available through no fault of the Committee member.
- Is required to be disclosed by law or pursuant to a court order.

6. Breach

Breaches of this confidentiality agreement will be reported to the Board of Directors for the Guilford County Continuum of Care. The severity of the breach shall determine the necessary course of action taken, which could include removal from the HMIS/Data Committee.

7. Duration

The obligations under this Agreement shall remain in effect during and after a member's term with the HMIS/Data Committee.

8. Acknowledgment and Agreement

By signing below, each Committee member affirms their understanding and acceptance of this Agreement.

Printed Name: _____

Signature: _____

Date: _____

APPENDIX D: NOTICE OF PRIVACY PRACTICE

Note: All HMIS user agencies must prominently display the Notice of Privacy Practices in areas accessible to clients. This notice must be reviewed regularly and updated as needed to reflect changes in policies and regulations. Additionally, staff should inform clients that they have the right to request a copy of the Notice of Privacy Practices at any time. Upon request, a physical or digital copy must be provided promptly. Agencies should ensure that all personnel understand their role in upholding these standards to maintain transparency and trust.

INSERT AGENCY LOGO HERE

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR PERSONAL INFORMATION MAY BE USED/DISCLOSED, AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes the privacy practices of [AGENCY] with respect to our use of the North Carolina Statewide Homeless Management Information System ("NC HMIS").

NC HMIS: We participate in a statewide system that allows shelters and other homeless service providers to share information about the people we serve. NC HMIS keeps information about clients that get help in each participating agency to better assist you.

Through NC HMIS, we and other agencies can share your name, year of birth, gender, veteran status, and partial SS# without your permission (your "Standard Information"), unless you indicate on the NC HMIS Release Form that you do not want your Standard Information to be visible or tell an agency to close your "Profile/Name." We and the other agencies can collect, use and share any additional information you consent to share when you filled out the Client Informed Consent and Release of Information Authorization Sharing Plan (your "Sharing Plan"). This Notice informs you as to how we and NC HMIS treat the personal information we collect, use, and share with other agencies.

HIPAA: Note that if we are a "Covered Entity" as defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and must comply with the requirements set forth in HIPAA, we will provide you with a separate HIPAA Privacy Policy. Our classification as a Covered Entity, if applicable, in no way makes any other agency-members of NC HMIS or the Michigan Coalition Against Homelessness, the operator of NC HMIS, into "Business Associates," as defined in HIPAA.

In the event that any provisions of this Notice conflict with the HIPAA Privacy Policy, the HIPAA Privacy Policy will control. There may be information we collect about you that is governed by the HIPAA standards that is not covered by this Notice. In such case, only the HIPAA standards and not those set forth in this Notice, will apply.

Personal and Health Information: When you receive services from us, we share your Standard Information on NC HMIS with other agencies, unless you tell us not to as provided above. If you choose to fill out a Sharing Plan, we will also share the personal information you consent to us releasing, which may include personal health information and information about your race, ethnicity, disabling conditions, previous residence history, employment history, substance abuse, sexual orientation, educational history and more. Your Standard Information and any information you release in your Sharing Plan is referred to as your "Protected Personal Information."

How We May Use and Disclose Your Protected Personal Information: We may use and disclose your Protected Personal Information only for the following purposes:

1. to provide or coordinate services to an individual;
2. for functions related to payment or reimbursement for services;
3. to carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions; or
4. for creating de-identified Protected Personal Information.

Other Uses and Disclosures: We may use or disclose your Protected Personal Information for other reasons, even without your permission. Subject to applicable federal or state law, we are permitted to disclose your Protected Personal Information without your permission for the following purposes:

- Required by Law: We may use/disclose your Protected Personal Information when such use/disclosure is required by law, subject to the requirements of such law.
- Serious threat to health or safety: We may use and disclose your Protected Personal Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- Abuse, Neglect or Domestic Violence: We may disclose your Protected Personal Information when the disclosure relates to victims of domestic violence, abuse or neglect, or the neglect or abuse of a child or an adult who physically or mentally incapacitated, where the disclosure is required by law, you agree to such disclosure, or the disclosure is authorized by law and we believe it is necessary to prevent serious harm to you or other potential victims.
- Research: Subject to certain restrictions, we may use or disclose your Protected Personal Information for approved academic research conducted by an individual or institution that has a formal relationship with us and a written research agreement that requires researchers and data recipients to protect your Protected Personal Information.
- Law enforcement purposes: Subject to certain restrictions, we may disclose your Protected Personal Information under certain circumstances.
- Even if you agree or do not object, however, the foregoing uses/disclosures may also be limited by certain North Carolina laws governing pharmacy, mental health facility or nursing facility records, or records related to controlled substance abuse and communicable diseases.

Authorization to Use or Disclose Your Protected Personal Information: In any situations other than those where your permission is not required, as described above, we will ask for your written authorization before using or disclosing your Protected Personal Information, which you may do or have already done by signing a Sharing Plan. If you choose to sign a Sharing Plan to disclose your Protected Personal Information, you can later revoke that authorization to stop any future uses and disclosures. However, you cannot revoke your authorization for uses and disclosures that we have made in reliance upon such authorization.

Destruction or De-Identification of Your Protected Personal Information: We will dispose of or, in the alternative, remove identifiers from, Protected Personal Information that is not in current use seven years after your Protected Personal Information was created or last changed, unless a statutory, regulatory, contractual, or other requirement mandates we keep it longer.

Individual Rights: You have the following rights with regard to your Protected Personal Information. Please contact the person listed below to obtain the appropriate forms for exercising these rights.

Request Restrictions: You may request restrictions on uses and disclosures of your Protected Personal Information, unless such restriction is inconsistent with our legal requirements. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions.

Inspect and Obtain Copies: You have the right to inspect and obtain a copy of your health information. We can also explain to you any information you may not understand.

Amend Information: If you believe that the Protected Personal Information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information. We are not required to remove any information but we may mark information as inaccurate or incomplete and may supplement it with additional information.

We reserve the ability to rely on the following reasons for denying an individual inspection or copying of your Protected Personal Information:

1. Information compiled in reasonable anticipation of litigation or comparable proceedings;
2. information about another individual (other than a health care or homeless provider);
3. information obtained under a promise of confidentiality (other than a promise from a health care or homeless provider) if disclosure would reveal the source of the information; or
4. information, the disclosure of which would be reasonably likely to endanger the life or physical safety of any individual.

We can reject repeated or harassing requests for access or correction. If we do, we will explain the reason for the denial to you and we will include documentation of the request and the reason for the denial as part of your Protected Personal Information.

Changes in Privacy Practices: We reserve the right to change our privacy policies and the terms of this Notice at any time and to make the new policies and provisions effective for all Protected Personal Information, even with respect to the information processed before the amendment.

You have the right to obtain a paper copy of our Notice at any time upon request.

Contact Person: To make a complaint or ask a question about our privacy practices, contact:

NAME
ADDRESS

Effective Date: The effective date of this Notice is: **DATE**.

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