

CLIENT ACKNOWLEDGEMENT FORM

NEW HAMPSHIRE HOMELESS MANAGEMENT SYSTEM (NH-HMIS) NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS FORM CAREFULLY.

This organization is required to use The New Hampshire Homeless Management Information System (NH-HMIS) as the place to keep your personal information. Our staff must collect information about you to provide our various services to you.

Information that tells us about your past, present or future health or mental health is called “Protected Health Information.” There are Federal and State laws that protect the privacy of your protected health information. Our agency and NH-HMIS comply with the requirements of these laws, and our employees will only use or disclose Protected Health Information about you in order to provide you with services and to comply with applicable laws. We are required by law to provide you with this Notice of Privacy Practices to explain our responsibilities in safeguarding the privacy of your Protected Health Information. Listed below is an explanation of how we may use or disclose Protected Health Information about you. If we have a need to use or disclose your Protected Health Information for any reasons other than those listed below, you will be asked to sign a written authorization giving us your permission to share that information. If you sign an authorization for us to share your Protected Health Information with an outside agency, we will follow your instructions. We and NH-HMIS are required by law to follow the practices listed below.

- **For Government Programs:** Our organization may require that we disclose protected health information about you to other government agencies to determine if you are eligible for government benefits or programs such as Social Security benefits.
- **For Public Health Activities:** We may use or disclose Protected Health Information about you for public health activities. For example, if you have been exposed to a communicable disease, we may report it to the State and take other actions to prevent the spread of this disease.
- **For Abuse and Neglect Reports and Investigations:** We are required by law to report any cases of suspected abuse or neglect of children or vulnerable adults.
- **To Avoid Harm:** We may disclose protected health information about you to law enforcement under certain conditions. For example, if you harm a member of our staff or another client while on our property, if you damage our property or if our professional staff believes that you are likely to cause serious harm to others or yourself, we will contact law enforcement. NH-HMIS may also disclose Protected Health Information in case of a threat to the public, such as a terrorist attack or emergency disaster.
- **For Court proceedings:** If you are ever in court and your treatment becomes an issue, we may be required by law to provide information about you to the court subsequent to a court order.

Your Information Rights

You have the right to:

- Ask us not to share your health information in the manner listed above by making a written request to our agency. We are not required to agree to your request, but if we do we will follow the directions given to us.
- Obtain a copy of this Notice of Privacy Practices. This notice is available in alternative formats upon request.
- See, review, and receive a copy of the information we maintain about you in certain records. You must make this request in writing and you may be charged a fee to pay for the cost of copying your record. There are certain situations when we may not give you the right to review your records. If this happens we will explain why we made this decision.
- Make an amendment (a correction or addition) to your medical information if you feel the information we have is inaccurate or incomplete. You must do this in writing.
- Receive an accounting (a detailed listing) of unauthorized disclosures we have made after July 1, 2012. This listing will not include disclosures made for treatment, payment, or health care operations purposes. You must make this request in writing.
- Ask any questions about how we handle your Protected Health Information or to file a complaint or report a problem.

NOTE: PAGES 1 AND 2 MUST BE GIVEN TO THE CLIENT.

NEW HAMPSHIRE HOMELESS MANAGEMENT SYSTEM (NH-HMIS)

Client Acknowledgement Form

BY SIGNING THIS FORM, I ACKNOWLEDGE AND AUTHORIZE THE FOLLOWING:

I confirm my understanding that personal information I provide is for the purpose of assessing my needs (and my family's needs) for emergency shelter, housing, utility assistance, food, counseling and/or other services. The information may consist of the following:

- My financial situation, to include the amount of my income, and any savings of money and/or food stamps I may have. This information may also include debts I owe for utilities, rent, etc.
- Identifying and/or historical information regarding myself and members of my household under 18.

I UNDERSTAND THAT:

☐ **If I am entering an Emergency Homeless Shelter,**
my identifying information, financial information, and any physical or mental health conditions that I may have will only be shared with the New Hampshire Emergency Shelter Network.

- A list of participating shelters will be provided on request.
- All of the shelters in this network follow all state and federal confidentiality laws and regulations.
- My personal information will not be shared with other agencies outside of this shelter network in any way that identifies me.

☐ **If I am seeking assistance from a Homelessness Prevention or Rapid Re-Housing Program,**
my identifying information, financial information, and any physical or mental health conditions that I may have will only be shared with the New Hampshire Homeless Service Network.

- A list of participating programs will be provided on request.
- All of the shelters in this network follow all state and federal confidentiality laws and regulations.
- My personal information will not be shared with other agencies outside of this network in any way that identifies me.

☐ **If I am seeking assistance from any other shelter, or any transitional, or permanent housing Program,**
information I give concerning any physical or mental health conditions that I may have will not be shared with other agencies in any way that identifies me.

- I have the right to view the client confidentiality policies used by NH HMIS.
- Staff members who will see my information have signed agreements to maintain confidentiality regarding my information.
- This agency may share non-identifying information about people served with other parties working to end homelessness.
- This authorization does not guarantee that I will receive assistance.
- This authorization will remain in effect unless I revoke it in writing, and I may revoke authorization at any time.
- If I revoke my authorization, all information about me already in the database will remain, but will not be added to.
- I have the right to request information about who has accessed my information.

Both client and staff must sign acknowledgement of receipt of this notice.

Client or Authorized Representative (Sign your name)

Date

Print your name

Signature of agency or program representative

Date

Signature of interpreter/translator, if applicable

Date

If unable to get acknowledgement, specify why: _____

A copy of this acknowledgement shall be provided to the client or representative, when requested.

NOTE: PAGE 3 MUST BE FILED AND KEPT ON RECORD WITH THE AGENCY.