San Bernardino County Continuum of Care Homeless Management Information System (SBC CoC HMIS)

Privacy Posting/Notice

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Effective Date: May 9, 2018

Our Duty to Safeguard Your Protected Information

HOUSING AUTHORITY OF THE COUNTY OF SAN BERNARDINO [AGENCY Name] collects information about who accesses our services. When we meet with you we will ask you for information about you and your family and enter it into a computer program called the San Bernardino County Continuum of Care Homeless Management Information System (SBC CoC HMIS). Although SBC CoC HMIS helps us to keep track of your information, individually identifiable information about you is considered "Protected Information". We are required to protect the privacy of your identifying information and to give you notice about how, when, and why we may use or disclose any information you may give us.

We are also required to follow the privacy practices described in this Notice, although **Office of Homeless Services (OHS) – HMIS** reserves the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the new notice from any HMIS Participating Agency.

How We May Use and Disclose Your Information

We use and disclose collective information for a variety of reports. We have a limited right to include some of your information for reports on homelessness and services needed by those who are homeless. Information that could be used to tell who you are will never be used for these reports. We will not turn your information over to a national database. For uses beyond reports, we must have your written consent unless the law permits or requires us to make the use or disclosure without your consent.

Please review the Client Informed Consent/Release of Information Authorization for details. You must sign this form before we can use your information, but you do not have to sign the form in order to receive services.