



Notice of Usage and Disclosure

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

[Agency Name] and the Will County CoC Homeless Management Information System (HMIS)

[Agency name] is a partner in the United Way of Will County Homeless Management Information System (HMIS). HMIS is a project of United Way of Will County in partnership with organizations in Will, Kendall, and Grundy Counties, Illinois that support or provide homeless, health care, medical, or social services to persons and families in need. When you request or receive services, [Agency Name] collects data about you and members of your household that may be shared with other HMIS partner organizations.

How your information in the HMIS may be used

Unless restricted by law, the information can be used by:

- Authorized people who work in [Agency Name], HMIS partner organizations (including the regional Veterans Affairs and Child Welfare agency) for administrative purposes related to providing and coordinating services to you or your family, or for billing or funding purposes.
- Auditors or others who review the work of [Agency Name] or need to review the information to provide services to [Agency Name].
- The HMIS system administrator(s), United Way of Will County and its designees, and the HMIS developer (WellSky) for administrative purposes (for example, to check data errors).
- Individuals performing academic research who have signed a research agreement with [Agency Name] or United Way of Will County. Your name, social security number or other identifying information may be used to match records but will not be used directly in the research unless you sign a separate consent.
- [Agency Name] or United Way of Will County may use your information to create aggregate data that has your identifying information removed. Also, [Agency Name] may disclose to a third-party aggregate data so that the third party can create data that does not include any of your identifying information.
- Government or social services agencies that are authorized to receive reports of homelessness, abuse, neglect or domestic violence, when such reports are required by law or standards of ethical conduct.
- A coroner or medical examiner or funeral director to carry out their duties.
- Authorized federal officials for the conduct of certain national security or certain activities associated with the protection of certain officials.
- Law enforcement officials, but the disclosure must meet the minimum standards necessary for the immediate purpose and not disclose information about other individuals. A court order or search warrant may be required.
- Others, to the extent that the law requires a specific use or disclosure of information. Information may be released to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; if the disclosure is made to a person or persons reasonably able to prevent or lessen the threat or harm, including the target of a threat.

Other uses and sharing of your information will be made only with your written consent.

Your rights regarding your information in the HMIS

- You have the right to inspect and obtain a copy of your own protected personal information for as long as it is kept in the HMIS, except for information compiled in reasonable anticipation of, or for use in, a legal proceeding.
- You have the right to request a correction of your protected personal information when the information in the record is inaccurate or incomplete.
- You have a right to request that your personal information be provided to you by alternative means, (such as by mail or telephone), or at alternative locations (such as at your home or place of work). [Agency Name] will accommodate reasonable requests.
- You have the right to receive a list of disclosures of protected personal information made by [Agency Name] or United Way of Will County during the six years prior to the date you request this information, except for disclosures for national security or intelligence purposes or to correctional institutions or law enforcement officials. If a law enforcement official or health oversight agency requests that we temporarily suspend giving you an accounting of disclosures made to them, the request must be time-limited and given to us in writing.
- You may request a list of current HMIS partner organizations from United Way of Will County.

Exercising your rights regarding your information in the HMIS

You can exercise these rights by making a written request to [Agency Name], or by making a written request to UNITED WAY OF WILL COUNTY. The addresses are listed at the end of this Notice.

Enforcement of your privacy rights

If you believe your privacy rights have been violated, you may send a written complaint to [Agency Name]. If your complaint is not resolved to your satisfaction, you may send your written complaint to United Way of Will County. Addresses are listed at the end of this Notice. You will not be retaliated against for filing a complaint.

[Agency Name] is required by law to maintain the privacy of your protected personal information, and to display a copy of the most recent Notice. [Agency Name] reserves the right to change the Notice from time to time, and if it does, the change will affect all of the information in the HMIS, not just the information entered after the change. The revised Notice will be posted on [Agency Name]’s webpage. You may request a copy of it from [Agency Name] or United Way of Will County.

Addresses

<<< Agency Name & Address >>>

United Way of Will County
54 N Ottawa St 300
Joliet, IL 60432

If you have any questions about this Notice or need further information, you may request it from:
HMIS Administrator at UNITED WAY OF WILL COUNTY (815) 723 2500