



# OC HMIS Participating Agency Agreement

## Purpose

The HMIS (Homeless Management Information System) is a HUD-mandated information technology system that is designed to capture client-level information over time, on the characteristics and service needs of homeless persons. Client data is maintained on a central server, which will contain all client information in an encrypted state. HMIS integrates data from all homeless service providers and organizations in the community and captures basic descriptive information on every person served. Participation in the OC HMIS allows organizations to share information with other participating organizations to create a more coordinated and effective service delivery system. The OC HMIS is the secured electronic database for Orange County and is a valuable resource for local communities.

## Agreement and Understanding

This Agreement authorizes this Participating Agency (Agency) to designate HMIS Users (User). A User is a staff person entrusted to enter Protected Personal Information (PPI) into the OC HMIS, on behalf of this Agency. In order to allow a User to access the OC HMIS, a User Agreement must be signed by the User and stored electronically in the HMIS.

## Confidentiality and Informed Consent

**Confidentiality:** This Agency must require all Users to abide by its organization's policies and procedures; uphold all privacy protection standards established by the OC HMIS Policies and Procedures; and comply with all relevant federal and State of California confidentiality laws and regulations that protect client records. Except where otherwise provided for by law, this Agency shall ensure that confidential client records are released with the client's written consent.

**Written Consent:** To obtain written consent, prior to each client's assessment, each client must be informed that the client's information will be entered into an electronic database called HMIS. The terms of the Consent to Share Protected Personal Information form must also be explained to each client. Clients who agree to have their PPI entered into the OC HMIS must sign the Consent to Share Protected Personal Information form.

**Verbal Consent:** Verbal consent to enter PPI into the OC HMIS may be obtained during circumstances such as phone screenings, street outreach, or community access center sign-ins. Each client must be informed that their information will be entered into the HMIS database. The terms of the Consent to Share Protected Personal Information form must also be explained to each client. The client's written consent must be obtained once the client appears for their initial assessment.

## Client's Rights

The client has a right to receive a copy of this Agency Agreement at the time of request.

Each client has the right to receive the following, no later than five (5) business days of a written request:

- A correction of inaccurate or incomplete PPI
- A copy of their consent form
- A copy of their HMIS records
- A current list of participating agencies that have access to HMIS data

## Data Use

This Agency must protect HMIS data by ensuring that:

- A link to the Privacy Notice is accessed from the Organization's website.
- OC HMIS is not accessible to unauthorized users
- OC HMIS is only accessed by computers approved by the Organization
- HMIS Users are trained regarding user responsibilities and conduct
- HMIS Users sign and comply with the OC HMIS User Agreement
- HMIS Users forward a copy of a client's Revocation of Consent to the HMIS System Administrator, 2-1-1 Orange County (211OC), within 24 hours of receipt

## Responsibilities

This Agency is responsible to ensure that:

- The Notice Regarding Collection of Personal Information is posted at each intake desk or comparable location
- HMIS Users do not misuse the system
- Clients are notified if a breach of their PPI is discovered
- Any HMIS User who finds a possible security lapse on the system is obligated to immediately report it to 211OC
- A signed copy of the Consent to Share Protected Personal Information is retained for a period of seven (7) years after the PPI was created or last changed.

## Rights and Privileges

OC HMIS data is stored in one central database and is managed by 211OC. While each agency owns their own data within the database, the Orange County Continuum of Care (CoC) may release aggregate data about its own continuum at the program, sub-regional, and regional level. Aggregate data may be released without organization permission at the discretion of the Continuum. Use of the OC HMIS is a privilege and is assigned and managed by 211OC.

## Copyright

The OC HMIS and other CoC-provided software are protected by copyright and are not to be copied, except as permitted by law or by contract with the owner of the copyright. The number and distribution of copies of any CoC provided software are at the sole discretion of 211OC.

## Violations

Any violations or suspected violations of any of the terms and conditions of this agreement, the HMIS User Agreement, and/or the HMIS Policies and Procedures, must be immediately and confidentially reported to 211OC and the Executive Director or other authorized representative of this Agency.

## Term

This Participating Agency Agreement becomes effective on the date of final execution and shall remain in effect unless terminated pursuant to paragraph XI. Termination, below.

## Amendment and Termination

- The OC CoC reserves the right to amend this agreement by providing a 3-day notice to this Agency.
- Either party has the right to terminate this agreement, with or without cause, by providing a 3-day written notice to the other party.
- If this agreement is terminated, this Agency shall no longer have access to HMIS or any information therein. The CoC shall retain the right to use all client data previously entered by this Agency, subject to any restrictions requested by the client.

All agencies that sign this agreement and are granted access to the OC HMIS agree to abide by OC HMIS' Policies and Procedures. The signature of the Executive Director or other authorized representative of this Agency indicates acceptance of all terms and conditions set forth in this agreement.

This Agreement is executed between the CoC and the Participating Organization. Upon final execution, this Agency will be given access to the OC HMIS.

*Agency Name*

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*Executive Director/Authorized Representative Name  
(Print)*

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*Executive Director/Authorized Representative Signature  
(Wet signature only)*

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*Date*

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**DO NOT WRITE IN THIS SECTION – 211OC USE ONLY**

*HMIS System Administrator Name (Print)*

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*HMIS System Administrator Signature (Wet signature  
only)*

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*Date*

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