



HMIS Document

CLIENT ACCESS RIGHTS

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1. Purpose

The purpose of this document is to provide guidance to partnering agencies when a client requests access to their data in HMIS. Per HUD regulations and guidance, clients have the right to access their data in HMIS. This document outlines the processes for communicating these requests, as well as guidance regarding what data a client may access.

2. Scope

This document is applicable to all requests for access as allowed within the current version HMIS Policies and Procedures and more specifically in the HMIS Privacy Plan. The HMIS Privacy Plan section titled “Inspection and Correction of Personal Information” contains information about client data correction. This document describes the steps an agency takes to work with clients to ensure accurate HMIS data.

3. Prerequisites

The prerequisites for this process is an active user license to access the HMIS software at the agency providing the client data access, a signed information request form, and a verification of the client identity prior to release of any client data. Clients also must be advised of information that cannot be released, such as service transactions and/or case notes since they do not pertain to their personally identifiable information (PII).

In order to maintain high levels of confidentiality, and as an extra precaution in case a family member must flee their household due to a dangerous situation, clients can only request information for themselves or minor children they have guardianship over. Adult children and spouses must provide their own proof of identity/their own data request form.

4. Process

The overall process to provide PII data to a client will follow the same basic procedure outlined below.

4.1 Client Requests Data

This section describes how clients can request access to their data.

4.1.1 Sources for Client Requests

Client requests must be in the form of a written document. This document will be saved to the client’s record within HMIS “Client Files” section as a PDF file. An example of document contents is shown in the appendix.

In the case where another agency contacts you regarding records for clients, you must ask that agency to refer the client to your agency to fulfill the request. Each agency will only provide client data entered by that agency.

All requests for HMIS information by clients must be documented by every agency receiving such requests. Refer to Section 5.1.5 regarding information/communication to be provided to the HMIS Lead Agency (HSN).

4.1.2 Verification and Authorization

Each agency must establish a process to verify the identity of the client to ensure data privacy and security. This process must require clients to provide appropriate identification or authentication credentials.

4.1.3 Request Submission

The document used to request HMIS information must be part of the information request. This document is for reference only, as each agency can use their own form. In all cases, the form must clearly communicate the required information and documentation to include within the request. The form can be completed as defined by the agency. Examples include paper forms, an online portal or form, and/or an email request with your form attached. See section 4.3 below for the reasons you can deny the request.

4.1.4 Request Validation

Each agency must review and validate the request for accuracy and completeness. Incomplete or inaccurate information requests will be returned to the requester for updates.

4.1.5 Processing the Request

Each agency can designate specific persons or roles to gather the requested information for clients. Only authorized HMIS users can access and review client records to retrieve the information contained within HMIS.

4.1.6 Review and Redaction

Once the data requested has been gathered, the agency must conduct a thorough review of the retrieved information to ensure it aligns with the client's request. Information retrieved that was NOT part of the client's request shall be removed prior to release to the client, including data collected by other agencies. Each agency will provide data collected by that agency.

4.1.7 Communication and Delivery

Once all of the preceding steps have been taken, the client can be notified that their data request is ready for delivery. The delivery method used (e.g., secure online portal, encrypted email, or physical copy) is up to the agency as long as the method meets security and privacy standards defined by CoC HMIS Policies and Procedures, Security Plan, Privacy Plan and Privacy Notice. As described in section 5.1.5 below, a copy of the client acknowledgement form must be delivered to HSN at the time the data delivery is made to the client.

4.1.8 Accessibility Options

Each agency should provide alternative accessibility options for clients with disabilities, such as providing information in accessible formats (e.g., braille, large print, or audio).

4.1.9 Support and Assistance

All clients should be offered assistance and guidance in understanding the information provided. If necessary, language translation services can be offered to ensure client understanding of the information.

In addition to the data provided, each client should receive information regarding a designated point of contact to address any questions or concerns.

4.2 Feedback and Continuous Improvement

All clients should be encouraged to provide feedback on their experience with information access process.

4.3 Denying a Request for Client Data

Although not a desirable outcome for a client, there are a few reasons why a client request for data can be denied. The CoC, through HSN, reserves the ability to rely on the following reasons for denying an individual inspection or copying of the individual's PII:

- 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.

An agency can reject repeated or harassing requests for access or correction. An agency in the CoC that denies an individual's request for access or correction must explain the reason for the denial to the individual and must include documentation of the request and the reason for the denial as part of the PII about the individual. Copies of documented client data requests must be sent to HSN.

5. Appendix

5.1 Example Documentation of Client Data Request

The following items must be included in each client data request.

5.1.1 Client Contact Information

Minimum required information: Client Full Name, HMIS ID, Contact Phone Number, Contact Email Address, Date request made to agency, ID verification type (i.e., government issued ID card, driver's license, social security card, etc.).

5.1.2 Client Requested Data Information

This part of the request is a text field that describes exactly which items client is requesting. Examples include: Agencies providing services to the client, dates range of services, incorrect demographic data in HMIS (specify which items are incorrect).

5.1.3 Data Delivery Date

This date is defined as 5 business days following receipt of request, unless other agreed upon in writing by the client and the Agency Liaison.

5.1.4 Agency Information

Field Names: Agency Name, Agency Liaison, Agency Liaison Contact Phone Number, Agency Liaison Contact Email Address, Request Denial (Y/N), Denial Reason.

5.1.5 Client Acknowledgement/Understanding

Each client needs to understand and agree to the limitations of the data provided, as noted in the recommended acknowledgement text below.

I, **[client name]**, am requesting to inspect a copy of my records from the Homeless Management Information System (HMIS) of the Central Florida Continuum of Care (FL-507). I understand that I have the right to know who has accessed my information and obtain a copy of my electronic file in the most feasible way possible that meets the requirements of the HMIS Privacy Plan. I understand that I will need to verify my identity prior to access or receipt of HMIS records. I understand that, unless determined otherwise by the HMIS Lead agency or the Continuum of Care, records will be provided to me by the agency or agencies that entered them into the HMIS. To the best of my knowledge, my data was collected and entered in the HMIS by the following agencies: **[list agencies here]**.

Each agency must collect a client acknowledgement for every fulfilled data request. A copy of this client acknowledgement form must be submitted to the HMIS Lead Agency at the time of data delivery to the client.

6. Document History

Date of Revision	Document Version	Revision Notes
06/21/2023	1.0	Creation of document.