

Privacy Policy of Southeast Regional Network (SRN) Family Centers

Effective Date: August 1, 2011

Version: 1.1

A. What This Notice Covers

1. This notice describes the privacy policy and practices of SRN's Family Centers. Our administrative office is located at

-100 North Front St. 3rd Floor, New Bedford, MA 02740

-Telephone: 1-508-997-0475

-E-mail Address: srnfamilycenters@srnfamilycenters.org

-Website: www.srnfamilycenters.org

Our Family Centers are located in Fall River, New Bedford, and Taunton, MA

2. The policy and practices in this notice cover the processing of protected personal information for clients of SRN Family Centers. All personal information that we maintain for our Family Centers is covered by the policy and practices described in this privacy notice. Certain personal information that may be maintained, i.e. Protected Health Information, Alcohol and/or Drug Abuse records is also covered by additional agency policies that comply with Federal/State Laws and Federal Confidentiality Regulations governing the privacy and confidentiality of applicable information.
3. Protected Personal information (PPI) is any information we maintain about a client that:
 - a. allows identification of an individual directly or indirectly
 - b. can be manipulated by a reasonably foreseeable method to identify a specific individual, **or**
 - c. can be linked with other available information to identify a specific client. When this notice refers to personal information, it means PPI.
4. We adopted this policy because of standards for Homeless Management Information Systems issued by the Department of Housing and Urban Development. We intend our policy and practices to be consistent with those standards. See 69 Federal Register 45888 (July 30, 2004).
5. This notice tells our clients, our staff, and others how we process personal information. We follow the policy and practices described in this notice.

6. We may amend this notice and change our policy or practices at any time. Amendments may affect personal information that we obtained before the effective date of the amendment.
7. We give a written copy of this privacy notice to any individual who asks.
8. We maintain a copy of this policy at www.srnfamilycenters.org

B. How and Why We Collect Personal Information

1. We collect personal information only when appropriate to provide services or for another specific purpose of our organization or when required by law. We may collect information for these purposes:
 - a. to provide or coordinate services to clients
 - b. to locate other programs that may be able to assist clients
 - c. for functions related to payment or reimbursement from others for services that we provide
 - d. to operate our organization, including administrative functions such as legal, audits, personnel, oversight, and management functions
 - e. to comply with government reporting obligations
 - f. when required by law
2. We only use lawful and fair means to collect personal information.
3. We normally collect personal information with the knowledge or consent of our clients. If you seek our assistance and provide us with personal information, we assume that you consent to the collection of information as described in this notice.
4. We may also get information about you from
 - a. Individuals who are with you
 - b. Other private organizations that provide services (i.e. High Point Treatment Center, Catholic Social Services...)
 - c. Government agencies (i.e. Dept. of Housing and Community Development, Dept. of Transitional Assistance, Dept. of Education, Dept. of Children and Families, Dept. of Public Health, Fall River, New Bedford, Taunton or other public school systems
 - d. Telephone directories and other published sources
5. We post a sign at our intake desk or other location explaining the reasons we ask for personal information. The sign says:
Privacy Policy of ----- Family Center: Brief Summary

Effective Date: August 1, 2011

Version: 1.1

This notice describes in brief the privacy policy of our Family Center, which may be amended at any time. Any client can have a copy of the full notice to read for further details or it may be viewed online at www.srnfamilycenters.org. We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services, and to better understand the needs of homeless families. We only collect information that we consider to be appropriate. You can inspect personal information about you that we maintain, or ask us to correct inaccurate or incomplete information. We respond to questions and complaints. The collection and use of all personal information is guided by strict standards of confidentiality.

C. How We Use and Disclose Personal Information

1. We use or disclose personal information for activities described in this part of the notice. We may or may not make any of these uses or disclosures with your information. We assume that you consent to the use or disclosure of your personal information for the purposes described here and for other uses and disclosures that we determine to be compatible with these uses or disclosures:
 - a. to **provide or coordinate services** to individuals
 - b. for functions related to **payment or reimbursement for services**
 - c. to **carry out administrative functions** such as legal, audits, personnel, oversight, and management functions
 - d. to **create de-identified (anonymous) information** that can be used for research and statistical purposes without identifying clients
when required by law to the extent that use or disclosure complies with and is limited to the requirements of the law
 - e. to **avert a serious threat to health or safety** if
 - (1) we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, **and**
 - (2) the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat
 - f. to **report about an individual we reasonably believe to be a victim of abuse, neglect, or domestic violence to a governmental authority** (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence

- (1) under any of these circumstances:
 - (a) where the disclosure **is required** by law and the disclosure complies with and is limited to the requirements of the law
 - (b) if the individual agrees to the disclosure, **or**
 - (c) to the extent that the disclosure is **expressly authorized** by statute or regulation, **and**
 - (I) we believe the disclosure is necessary to prevent serious harm to the individual or other potential victims, **or**
 - (II) if the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PPI for which disclosure is sought **is not intended to be used against the individual** and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

and

- (2) when we make a permitted disclosure about a victim of abuse, neglect or domestic violence, we will promptly inform the individual who is the victim that a disclosure has been or will be made, except if:
 - (a) we, in the exercise of professional judgment, believe informing the individual would place the individual at risk of serious harm, **or**
 - (b) we would be informing a personal representative (such as a family member or friend), and we reasonably believe the personal representative is responsible for the abuse, neglect or other injury, and that informing the personal representative would not be in the best interests of the individual as we determine in the exercise of professional judgment.

g. for **academic research purposes**

- (1) conducted by an individual or institution that has a formal relationship with the CHO if the research is conducted either:
 - (a) by an individual employed by or affiliated with the organization for use in a research project conducted under a written research agreement approved in writing by a designated CHO program administrator (other than the individual conducting the research), **or**
 - (b) by an institution for use in a research project conducted under a written research agreement approved in writing by a designated CHO program administrator.

and

- (2) any written research agreement:
 - (a) must establish rules and limitations for the processing and security of PPI in the course of the research
 - (b) must provide for the return or proper disposal of all PPI at the conclusion of the research
 - (c) must restrict additional use or disclosure of PPI, except where required by law
 - (d) must require that the recipient of data formally agrees to comply with all terms and conditions of the agreement, **and**
 - (e) is not a substitute for approval (if appropriate) of a research project by an Institutional Review Board, Privacy Board or other applicable human subjects protection institution.
- h. to a law enforcement official **for a law enforcement purpose** (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:
 - (1) in response to a lawful court order, court-ordered warrant, subpoena, or summons issued by a judicial officer, or a grand jury subpoena
 - (2) if the law enforcement official makes a **written request** for PPI that:
 - (a) is signed by a supervisory official of the law enforcement agency seeking the PPI
 - (b) states that the information is relevant and material to a legitimate law enforcement investigation
 - (c) identifies the PPI sought
 - (d) is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought, **and**
 - (e) states that de-identified information could not be used to accomplish the purpose of the disclosure.
 - (3) if we believe in good faith that the PPI constitutes **evidence of criminal conduct** that occurred on our premises
 - (4) in response to an oral request for the purpose of **identifying or locating a suspect, fugitive, material witness or missing person** and the PPI disclosed consists only of name, address, date of birth, place of birth, Social Security Number, and distinguishing physical characteristics, **or**
 - (5) if
 - (a) the official is an authorized federal official seeking PPI for the provision of **protective services to the President** or other persons authorized by 18

U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879 (threats against the President and others), **and**

(b) the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.

and

- i. to comply with **government reporting obligations** for homeless management information systems and for oversight of compliance with homeless management information system requirements.
2. Before we make any use or disclosure of your personal information that is not described here, we seek your consent first.

D. How to Inspect and Correct Personal Information

1. You may inspect and have a copy of your personal information that we maintain. We will offer to explain any information that you may not understand.
2. We will consider a request from you for correction of inaccurate or incomplete personal information that we maintain about you or a family member. If we agree that the information is inaccurate or incomplete, we may delete it, or we may choose to mark it as inaccurate or incomplete and supplement it with additional information.
3. To inspect, get a copy of, or ask for correction of your information, you will need to request an “SRN Family Centers Access and Correction Procedure Form.”
4. We may deny your request for inspection or copying of personal information if:
 - a. the information was compiled in reasonable anticipation of litigation or comparable proceedings
 - b. the information is about another individual (other than a health care provider or homeless provider)
 - c. the information was obtained under a promise or confidentiality (other than a promise from a health care provider or homeless provider) and if the disclosure would reveal the source of the information, **or**
 - d. disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.
5. If we deny a request for access or correction, we will explain the reason for the denial. We will also include, as part of the personal information that we maintain, documentation of the request and the reason for the denial
6. We may reject repeated or harassing requests for access or correction.

E. Data Quality

1. We collect only personal information that is relevant to the purposes for which we plan to use it. To the extent necessary for those purposes, we seek to maintain only personal information that is accurate, complete, and timely.
2. We are developing and implementing a plan to dispose of personal information not in current use seven years after the information was created or last changed. As an alternative to disposal, we may choose to remove identifiers from the information.
3. We may keep information for a longer period if required to do so by statute, regulation, contract, or other requirement.

F. Complaints and Accountability

1. We accept and consider questions or complaints about our privacy and security policies and practices. SRN has specific policy and procedures to file a complaint or formal grievance. Should you wish to file a complaint or grievance, please see a Case Manager or Program Director for assistance.
 - A complaint/grievance form will need to be completed and submitted to the Shelter Guest Rights Officer.
 - The Shelter Guest Rights Officer will review the complaint/grievance and gather the necessary information and submit a written decision within 3 business days.
 - If not satisfied with the decision, request to speak with the Program Director.
 - The Program Director will review the original complaint/grievance along with the Shelter Guest Rights Officer's decision to obtain a clear assessment of the situation.
 - The resident will receive a written statement by the Program Director once a resolution is determined.
2. All members of our staff (including employees, volunteers, affiliates, contractors and associates) are required to comply with this privacy notice. Each staff member must receive and acknowledge receipt of a copy of this privacy notice.

G. Privacy Notice Change History

1. Version 1.0. May 1, 2006 Initial Policy
2. Version 1.1. August 1, 2011 Revised

SRN Family Center Access and Correction Procedure Form



Date of Request: _____

Print Name: _____

DOB: _____ SS#: _____

Contact #: _____

I am hereby requesting:

- To inspect,
- Receive a copy,
- Correct inaccurate or incomplete information for a family member or myself, in my client record maintained by

Harbour House Family Center Fall River Family Center Taunton Family Center

for the time period of _____ to _____

I would like to inspect this information. I would be available to view this information at your office on:

I would like a readable hardcopy to be sent via U.S. mail sent to

I understand that I will be charged \$.50 per page or a minimum of \$10.00. I also understand that payment must be made at the time I receive the request or prior to a readable copy/copies being mailed.

I would like to correct inaccurate or incomplete information for a family member or myself

Incorrect/Incomplete Information

Corrected Information

Please attach additional sheets if needed

Please allow 5 business days for a response to your request

Agreed and accepted by

Client Signature: _____ Date: _____

=====

Office Use ONLY

Information inspected on: _____

Readable copy mailed on: _____

Information corrected on: _____

Request denied on: _____

Reason for denial

Staff Signature: _____ Date: _____