### INTER-AGENCY DATA SHARING AGREEMENT

The Homeless Alliance of Western New York administers a computerized management information system that captures information about people experiencing homelessness, including their service needs. The system, known as HMIS, enables programs to electronically share information about Clients who have been entered into the system. Client-level information can only be shared among agencies that listed in this Inter-Agency Sharing Agreement and have received written consent from particular Clients agreeing to share their personal information with another agency. The agency receiving written consent has the ability to “share” Client information electronically through the system with a collaborating agency. This process can benefit Clients by eliminating the need to re-tell their story to provider, and improve coordination of services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is willing to share the following data elements or assessments

|  |  |
| --- | --- |
| Name  Date of Birth  Last four digits of SSN  Race/Ethnicity  Gender  Veteran Status  Disability Status and Type  Household Composition  Homeless Status/History (including where and when services were accessed) | Income Sources and Amounts  Non-cash benefits  Domestic Violence  Destination  Reason(s) for homelessness/housing crisis  Case Manager Contact Info  Housing History  Emergency Contact Info  Common Assessment Form  Reasons for Leaving |

with all the agencies in HMIS as following:

211, Altamont, Belmont Housing Resources for WNY, Buffalo City Mission, Buffalo Federation of Neighborhood Centers, Catholic Charities, Cazenovia Recovery Services, Inc., Chautauqua Opportunities, City of Buffalo, Compass House, Community Missions Inc., Niagara County Child and Family Services, Erie County Department of Mental Health, Erie County Department of Social Services, Evergreen Health Services, Family Promise, Friends of the Night people, Genesis House, Gerard Place, Hispanos Unidos De Buffalo, Homeless Alliance of Western New York, Housing Opportunities Made Equal, Housing Options Made Easy; Lakeshore Behavioral Health, Little Portion Friary, Living Opportunities of DePaul, Little Portion Friary, Matt Urban Hope Center, Neighborhood Legal Services, Niagara County Dept. of Social Services, Niagara Gospel Mission, Niagara Falls Memorial Medical Center, Olmsted Center for Sight, Path Stone Corp.. Salvation Army, Southern Tier Environments for Living, Saving Grace Ministries, Spectrum Human Services, Temple of Christ, Teaching and Restoring Youth, The Restoration Society, Inc., Transitional Services, Inc., United Church Home Society, Inc., WNY Veterans Housing Coalition, Veteran’s Administration, Veterans One Stop Center, Veterans Outreach Center, YWCA of the Tonawanda’s, YWCA of Western New York, YWCA of Niagara, VIVE;

HMIS participants or shared data could change from time to time. HAWNY will maintain an updated list at all times on the website ([www.wnyhomeless.org](http://www.wnyhomeless.org)) as organizations /data elements are added or deleted. An email will be sent to Agency Administrators who is the main contact person of each Agency or Program, to notify them of when changes are made. A new agreement will be executed if you choose NOT to share with new partner.

By establishing this agreement, I understand and agree within the confines of HMIS

1) System information in either paper or electronic form will never be shared outside of the originating agency without the Client written consent.

2) A violation of the above by any Agency employee will result in immediate disciplinary action by the Agency.

3) Agency Administrator or clients have the right to request information about who has viewed or updated their record in HMIS.

4) Agencies must comply with all applicable federal and state laws and regulations regarding privacy and confidentiality.

5) Clients have the right to see their HMIS record, ask for changes, and to have a copy of their HMIS record from this agency upon written request.

6) All agencies participating in HMIS have signed the Agency Participation Agreement and all users have been trained and signed the User Agreement and Code of Ethics.

By establishing this Inter-Agency Data Sharing Agreement, our agencies will have the ability to share Client-level information electronically through HMIS. This electronic sharing capability is only one tool to share Client-level information and does not pertain to Client-level information that has not been entered into HMIS. This tool will only be used when a Client provides written consent to have his/her information shared.

By signing this form, on behalf of our agency, I authorize the Homeless Alliance of Western New York to share information with all participants of HMIS and agree to follow all of the above policies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Executive Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Executive Director Date