## **Notice of [Agency's] Privacy Notice**

**[This Agency]** is required to maintain a Privacy Notice. The Privacy Notice describes the information we collect, how we manage that information and your rights and choices pertaining to that information.

**[This Agency]** participates in a Homeless Management Information System (HMIS) along with many other agencies. Unless you request and sign the “Data Sharing Refusal Form,” much of your information will be shared with these other agencies for the purposes disclosed in the Privacy Notice. The information shared is discussed in the Privacy Notice.

If you would like a copy of the Privacy Notice or would like to request the “Data Sharing Refusal Form,” please ask.

Refusing to sign this acknowledgement does not prevent us from using or disclosing your information. In order to prevent disclosure of your information to, you must request and sign the “Data Sharing Refusal Form.” If you refuse to sign this acknowledgement, we will keep a record that you refused to sign the acknowledgement but that you were informed of our Privacy Notice.

I have reviewed the above information and I confirm that:

* I was offered a copy of [This Agency’s] Privacy Notice.
* I have reviewed [This Agency’s] Privacy Notice. I was given the option to have this document and the Privacy Notice read to me.
* I have had the opportunity to ask questions about [This Agency’s] Privacy Notice and about how information about me and my family will be shared with other agencies who participate in the HMIS.
* I was given the option to request and sign the “Data Sharing Refusal Form.”
* I understand that services cannot be denied to me because of my refusal to share my information.

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| Name of Client or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Signature of Client or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_ |