## **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 that your information is not shared in HMIS, please ask.

Declining to sign this acknowledgement does not prevent us from using or disclosing your information. To prevent disclosure of your information in HMIS, you must complete the “Request to Not Share Information in HMIS” form. Your decision to not sign this acknowledgement will be documented along with the fact 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 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 advised of my rights including my rights to not share my information in HMIS.
* I understand that services cannot be denied to me if I choose not to share my information in HMIS.

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