

## **HMIS Grievance Form**

If you feel a violation of your rights as an HMIS client has occurred or you disagree with a decision made about your “Protected HMIS Information” you may complete this form. Complete this form only after you have exhausted the grievance procedures at the agency you have a grievance with. **It is against the law for any agency to take retaliatory action against you if you file this grievance. You can expect a response within 30 days via the method of your choice.**

Grievances may be submitted to the OC HMIS team by either of the following methods:

- Call the HMIS team at (714) 589-2360
- Send this form to:

[2-1-1 Orange County](#)  
[Attn: HMIS Department](#)  
[1505 E 17<sup>th</sup> Street Suite 108](#)  
[Santa Ana, CA 92705](#)

Your Name: \_\_\_\_\_ Date of Grievance: \_\_\_\_\_

Best Way to Contact You:  Phone  Mailing Address  
 Email  Case Manager/Advocate

Your Phone Number: \_\_\_\_\_ Your Email Address: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

### **Case Manager/Advocate Contact Information (optional)**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Agency: \_\_\_\_\_

### **Grievance Information**

\_\_\_\_\_  
Name of Individual who violated your privacy rights

\_\_\_\_\_  
Name of Agency who violated your privacy rights

Brief description of grievance (what happened):

## What Is HMIS?

The Homeless Management Information System (HMIS) is a web-based information system used by organizations that serve homeless and at-risk individuals in Orange County in order to compile information about the persons they serve.

## Why Gather and Maintain Data?

HMIS will gather and maintain unduplicated statistics on a regional level to provide a more accurate picture of our region's homeless and at-risk population. HMIS will also help us understand client needs, help organizations plan appropriate resources for the clients they serve, inform public policy in an attempt to end homelessness, streamline and coordinate services and intake procedures to save client's valuable time, and so much more.

## Written Client Consent

Each client must complete a **Consent to Share Protected Personal Information** in order for their identifying information to be shared with other agencies participating in HMIS. If the client refuses to provide consent, only the agency serving the client will have access to his or her information. Clients cannot be denied services for refusing to provide consent. A copy of the form will be provided to the client upon request.

## Common Questions

### *Who can access my information?*

Only staff who work directly with clients or who have administrative responsibilities can look at, enter, or edit client information. Please visit our website for a list of the Agencies Contributing Data to HMIS ([ochmis.org](http://ochmis.org) > About HMIS > Contributing Agencies). Please note that this list can change frequently and without notice; therefore the website should be consulted for the most recent list.

### *Who will receive my information?*

No client identifying information (names, dates of birth, etc.) will be released to entities not participating in HMIS without your consent. Information is stored in an encrypted central database. Only organizations that are contributing data to HMIS and have agreed to abide by the **HMIS Policies and Procedures** will have access to HMIS data.

### *Don't I have a right to privacy?*

Clients do have the right to privacy, and also the right to confidentiality. You are entitled to a copy of the privacy notice upon request. Clients have the right to know who has modified their HMIS record. You also have the right to request access to your HMIS client records, and a printed copy of this data. You have the right to review this data with agency staff. You may not see other clients' records, nor may they see your information.

### *What if I don't want to provide information?*

Clients have the right not to answer any questions, unless entry into a program requires it. You may not be denied services based on your refusal to sign a **Consent to Share Protected Personal Information**.

### *What if I believe my rights have been violated?*

Clients have the right to file a grievance with the agency or with the HMIS Administrative Office at 211OC. Grievances must be filed through written notice. Clients will not be retaliated against for filing a complaint.