

DUPAGE PADS, INC. PRIVACY NOTICE

Effective (05/01/2015)

Version 3.0

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. What This Notice Covers

1. This notice describes the privacy policy and practices of [DuPage Pads, Inc.](#). Our main office is at [601 W. Liberty Dr. Wheaton, IL 60187](#).
2. A client is anyone whose personal data is included in the Northeast Illinois HMIS [in connection with the receipt of services or assistance]. This person need not be homeless.
3. When a client request services from this agency, we enter information about them and members of their household into a computer system called a Homeless Management Information System (HMIS). This HMIS is used by many agencies in Suburban Cook and DuPage Counties that provide services to persons and families in need.
4. The HMIS is administered by DuPage County Department of Community Services. Their office is at 421 N County Farm Road, Wheaton, IL 60187. Their website is www.dupageco.org/HMIS. You can contact the system administrator at 630-407-6397. DuPage County Department of Community Services has adopted this Privacy Notice as well.
5. The policy and practices in this notice cover the processing of protected personal information of those agencies participating in the Northeast Illinois Homeless Management Information System (HMIS). All personal information that we maintain, not just the information entered into the HMIS, is covered by the policy and practices described in this notice. This policy covers only the programs within the agency that participate in HMIS.
6. 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.
7. 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).
8. This notice tells our clients, our staff, and others how we process personal information. We follow the policy and practices described in this notice.
9. 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. All amendments are approved by the HMIS Committee of the DuPage County Continuum of Care and are then adopted by all agencies that use the HMIS. Current information about the DuPage County HMIS Committee can be found on the HMIS website at www.dupageco.org/HMIS.
10. We give a written copy of this privacy notice to any individual who asks. We maintain a copy of this policy on the HMIS website at www.dupageco.org/HMIS.

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 agency or when required by law.
2. We may collect personal 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. To verify information given to us by clients
 - d. For functions related to payment or reimbursement from other services that we provide
 - e. To operate our agency, including administrative functions such as legal, audits, personnel, oversight, and management functions
 - f. To comply with reporting obligations
 - g. When required by law
3. 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 need individuals in the community. We only collect information that we consider to be appropriate.
4. We only use lawful and fair means to collect personal information.
5. 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.
6. We may also get personal information from:
 - a. Individuals who are with you or are part of your household
 - b. Individuals who are assisting you
 - c. Individuals or organizations you provide for verification of information or references
 - d. Information already collected about you by other agencies that are part of the HMIS
 - e. Other private organizations in the DuPage County Continuum of Care
 - f. Government agencies including DuPage County and the State of Illinois.
 - g. Public records including internet searches, telephone directories and other published sources
7. When possible, we post a sign at our intake desk or other location explaining the reasons we ask for personal information. The sign gives our agency's contact information, the HMIS administrator's contact information and the location of this privacy notice.

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 share client records with other agencies that may have separate privacy policies and that may allow different uses and disclosures of the information.
2. All participating agencies of the Northeast Illinois HMIS share client record information. The information that is shared with these participating agencies is extensive. The list of these agencies and the information shared changes frequently. You can view a full list of these agencies and the information that we share at our website, www.dupageco.org/HMIS.
3. **You have the right to opt-out of having this information shared with other participating agencies.** To do so, you must request and sign the "Client Data Sharing Refusal Form." If you sign this form, your information will remain in the HMIS and be subject to the other disclosures in this privacy notice, but the information will not be available to the other participating agencies of the Northeast Illinois HMIS.
4. The information that will be shared if you do not opt-out is as follows:
 - a. Personal identification information
 - b. Demographic information

- c. Program Enrollment Type and Dates
- d. The name of your case manager, if you are assigned one

The detailed list of information that we share can be found at our website:

www.dupageco.org/HMIS

- 5. Some programs and agencies require sharing of information different than what is discussed in this privacy notice. For those programs, individuals will be presented with additional consent information.
- 6. 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
 - e. when required by law to the extent that use or disclosure complies with and is limited to the requirements of the law, including Freedom of Information Act requests
 - f. 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
 - g. 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.
 - (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.

- h. for academic research purposes
 - (1) conducted by an individual or institution that has a formal relationship with this agency 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 agency 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 agency program administrator.
 - (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 agree 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.
- i. 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) 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 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.
- j. to comply with reporting obligations for homeless management information systems and for oversight of compliance with homeless management information system requirements.

- k. to the administrators and contractors of the HMIS system, including DuPage County and Suburban Cook County Staff and contractors, Bowman Systems, L.L.C staff and contractors and the HMIS Committee Chairperson and vice-Chairperson.
7. Before we disclose 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. 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 to supplement it with additional information.
3. To inspect, get a copy of, or ask for correction of your information, ask a program staff member how to obtain this information.
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, found in the HMIS system, 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. Because there are many agencies and parties involved, it is often hard to know where to direct a complaint. We ask that questions or complaints regarding the HMIS go to the HMIS System Administrator at DuPage County Community Services. Questions or complaints pertaining to the agency serving you should follow the agency's grievance procedure. If you are unsure where to go, you may go to either agency listed below and we will help you determine the best person to speak with.

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. Change History:

1. Version 1.0 October 2009- Initial Policy was a part of client consent documents
2. Version 2.0 October 2012 - Adopted HUD's baseline privacy notice and detailed our implied consent disclosure process
3. Version 3.0 October 2014 – Updated HUD's baseline privacy notice to include Suburban Cook County, address the name change of DuPage County HMIS to Northeast Illinois HMIS, and reflect the changes to the list of shared data elements.

HMIS System Administrator

421 N County Farm Road

Wheaton, IL 60187

630-407-6397

www.dupageco.org/HMIS

DuPage PADS

601 W. Liberty Dr.

Wheaton, IL 60187

630-682-3846

www.dupagepads.org