



### Personal Information Privacy Policy

Personal Identifying Information (PII) is defined as: Any representation of information that permits the identity of an individual to whom the information applies to be reasonably inferred by either direct or indirect means.

The Tri-HIC membership, CoC Board and associated Staff (here after collectively referred to as the CoC) recognizes the need to maintain the confidentiality of personal Information. The PII covered by this policy includes that of applicants, clients, former clients, employees, independent contractors, and volunteers. PII may reside in hard copy or electronic records, including the Homeless Management Information System (HMIS); both forms of PII fall within the scope of this policy.

- PII includes information that allows identification of an individual directly or indirectly
- Can be manipulated by a reasonably foreseeable method to identify a specific individual, or
- Can be linked with other available information to identify a specific client.

The CoC will maintain the confidentiality of PII to which it may have access and restricts access to PII to only those with a demonstrated/documentated need to know or as indicated by an Authorization to Release of Information form signed by the individual, or the legal representative of the individual, whose information may be shared.

We collect personal information/PII only when appropriate to provide services or for another specific purpose of our organization with the informed consent of the individuals involved, including:

- To provide, locate, or coordinate services to clients
- To operate our organization, including administrative functions such as legal, audits, personnel, oversight, and management functions
- To comply with government reporting obligations
- When required by law

Violation of this policy will result in actions that may include, but are not limited to, termination of employment for CoC staff; removal from Board and/or Committee positions; and termination of Tri-HIC membership.

The undersigned acknowledges receipt and understanding of the policy and commits to protecting the privacy of individuals involved with the Continuum of Care.

Print Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_