

LSNDC Privacy Notice

This notice describes how information about you may be Used and Disclosed in the LSNDC System and how you can control access to this information

PLEASE REVIEW IT CAREFULLY.

What is LSNDC System?

In order to best serve your needs at _____ [add agency name], we enter information about you and members of your family that are with you into a computer system called the LSNDC System. The LSNDC System is used by many social services agencies throughout Louisiana who provide housing and related services. The system is sponsored by multiple Continua of Care and administered by trained staff in your local region.

Please, understand that access to shelter and housing services is available without your participation in data collection. However, your participation, although optional, is a critical component of our community's ability to provide the most effective services and housing possible.

Why is information about you collected in the LSNDC System?

- To provide individualized case management and help make sure you get the services you need;
- To help us better understand the people we serve and their needs;
- To help us understand the types of services people need and develop new services to meet the unmet needs;
- To better assess your needs and the needs of others in our community, as well as what services are available to you;
- To monitor whether your needs, and the needs of others in our community were actually met;
- To improve the quality of care and service for homeless individuals and families.

How can information about you be used or disclosed without your specific written consent?

Unless restricted by other laws, your information can be used by or disclosed to the following without your specific written consent:

A. Data that identifies you can be used or disclosed without your specific written consent to:

- Authorize people who work in this agency for purposes related to providing services to you or your family or for billing or funding purposes;
- Be utilized by other social service organizations utilizing the LSNDC System. Specifically, your first name, last name, and social security number may be viewable by all the LSNDC System case managers;
- Auditors or others who review the work of this agency or need to review the information to provide services to this agency;
- The LSNDC System Administrators run the computer system to maintain the data. They may see your information in the process of fixing problems or testing the system;
- Government or social service agencies which are authorized to receive reports of abuse, neglect or domestic violence, to the extent that such reports are required by law.
- People who are reasonably able to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, including the target of a threat or a current or imminent threat from a natural or human-made disaster;
- A coroner or medical examiner or funeral director to carry out their duties;
- Authorized federal officials for the conduct of certain national security or certain activities associated with the protection of certain officials;
- Others, to the extent that the state or local law requires release of information to law enforcement officials when requested.

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B. Data that does **NOT** identify you can be used or disclosed without your consent to:

Staff from the sponsoring organization, LSNDC System or other authorized individuals who have permission to do research or report on the use and effectiveness of the services provided to you and others. Your name, social security number, address, telephone number or any other information that would identify you personally will **NOT** appear in research data requests or reports;

Other uses and disclosures will be made only with your written consent. You may cancel your consent at any time in writing. Once consent is given, your information may be released until such time as the cancellation is received and made known to those with authorized access.

If you allow sharing of your data on the “Release of Information Form”, how can your information be used?

If you sign the **Release of Information** form your information can be shared with other agencies that use the LSNDC System with the restrictions which you specifically indicate on the **Release of Information** form. Sharing your information may help other agencies obtain information about you more quickly, help with case management and improve their services to you.

What rights do you have regarding your information?

You have the right to receive a copy of the information that we maintain about you in the LSNDC System (except for information compiled in reasonable anticipation of or for use in a legal proceeding).

You also have the right to update information about yourself when the information in the record is inaccurate.

You have the right to receive a list of people who have seen your protected personal data that is maintained in the LSNDC System for the six years prior to the date you request this information. The exception is that you do not have a right to a list of disclosures for national security or intelligence purposes or to correctional institutions or law enforcement officials or if required by law or requested for certain health oversight purposes.

You can exercise your rights as listed above by making a written request to _____ [add agency name] at _____ [add agency address].

If you believe that your privacy rights have been violated, you may file a written complaint with the LSNDC Regional System Administrator by completing an LSNDC Grievance Form and sending it to the Regional System Administrator, Northlake HMIS Data Project, SLU Box 10509, Hammond, LA 70402.

This Agency and the LSNDC System implementation are prohibited from retaliating against you for filing a complaint. This Agency and LSNDC System implementation are required by law to maintain the privacy of your protected personal information. This Agency is required to provide this Notice to you. This Agency and LSNDC System implementation are further required to abide by the terms of the Notice that is currently in effect, but the notice may be changed from time to time. The revised Notice will be posted at Agency at all times and may be obtained by contacting the Agency at the address above in writing and asking for a copy of any new Notice.

If you have further questions about the notice or about your rights, contact _____ [add contact name from your agency] at _____ [add agency name]. Please note, however, that our agency cannot provide specific legal advice to you regarding your rights.

This Notice is effective on and after February 3, 2012.