

Humboldt County Department of Health and Human Services (DHHS)  
Homeless Management Information System (HMIS)  
**Notice of Privacy Practices**

**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.**

If you have any questions about this Notice, you may either contact your service provider, or:

Humboldt County Department of Health and Human Services  
507 F Street, Eureka CA 95501  
(707) 298-3499  
[HHHC@co.humboldt.ca.us](mailto:HHHC@co.humboldt.ca.us)

Your information is personal, and the Humboldt County Department of Health and Human Services (DHHS) is committed to protecting it. Your information is also very important to our ability to provide you with quality services, and to comply with certain laws. This notice describes the privacy practices our employees and other personnel are required to follow in handling your information.

**We are legally required to:** Keep your information confidential, give you this notice of our legal duties and privacy practices with respect to your information, and comply with this notice.

### CHANGES TO THIS NOTICE

We reserve the right to revise or change the terms of this Notice, and to apply those changes to our policies and procedures regarding your information. To obtain a copy of this notice you can either ask your treatment provider or any staff person, or go to DHHS's Humboldt Housing and Homeless Coalition (HHHC) web page at <https://humboldt.gov/2512/Humboldt-Housing-Homeless-Coalition>.

### HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

**For Housing:** We create a record of your information including housing services you receive at our partner agencies. We need this record to provide you with quality services and to comply with certain legal requirements.

Your service team may use or disclose your information to other personnel who are involved in providing services for you. For example, a housing navigator may need to know disability information to provide appropriate housing resources. Your service team may share your information in order to coordinate the different things you need, such as referrals and services.

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We also may use and disclose your information to people outside this agency who may be involved in your service coordination when you access services from our partner agencies.

We may use and disclose your information to contact you with a reminder that you have an appointment and you have the right to tell us how you want to receive appointment reminders. At your request, a form will be provided to you for that purpose.

We may use and disclose your information to recommend service options or alternatives that may be of interest to you. Additionally, we may use and disclose your information to tell you about health-related benefits or services that may be of interest to you for example, Medi-Cal eligibility or Social Security benefits. You have the right to refuse this information.

**For Service Corroboration:** We may use or disclose basic information about you so that you do not have to provide information more than once. This sharing, only when you access one of the participating agencies, can help avoid duplication of services and referrals that you are already receiving.

**For DHHS Operations:** We may use and disclose information about you for administrative operations. These uses and disclosures are necessary to run our agency and make sure that all our clients receive quality services. For example, we may use information to review our services and evaluate the performance of our staff in providing those services.

We may also combine information from our participating agencies to decide what additional services should be offered, what services are not needed, and whether certain new services might be effective.

We may also combine the information with information from other agencies to compare how we are doing and see where we can make improvements in the services we offer. We may de-identify your information so others may use it to study services delivery without learning who the specific clients are.

Unless you object, we may disclose your information to any other person identified by you who is involved in your services. Your objection must be in writing (at your request, a form will be provided to you for this purpose). We will not honor your objection in circumstances where doing so would expose you or someone else to danger.

In the event of a disaster we may disclose your information to a housing disaster relief agency.

## **USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION**

**Research:** Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may involve comparing your service levels and of all clients who received similar services. All research projects,

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however, are subject to a special approval process. This process evaluates a proposed research project and its use of information, trying to balance the research needs with clients' need for privacy of their information. Before we use or disclose information for research, the project will have been approved through a research approval process, but we may, however, disclose information about you to people preparing to conduct a research project, for example, to help them look for clients with specific needs, so long as the information they review does not leave our agency.

**As Required By Law:** We will use and disclose information when required to do so by federal or state law or regulation.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Public Health Activities:** We may disclose your information for public health activities such as to report the abuse or neglect of children, elders and dependent adults;

**Abuse, Neglect or Domestic Violence:** We may disclose your information when notifying the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Oversight Activities:** We may disclose your information to a federal oversight agency, such as the Department of Housing and Urban Development, for activities authorized by law. These oversight activities are necessary for the government to monitor government service programs, and compliance with civil rights laws.

**Court Orders and Subpoenas:** If you are involved in a lawsuit or a dispute, we may disclose your information in response to a court or administrative order. We may also disclose your information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute.

**Law Enforcement:** We may disclose your information if asked to do so by law enforcement officials in any of the following circumstances:

- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- To identify or locate a suspect, fugitive, material witness, or missing person (In this case, the protected information is limited to name, address, date of birth, place of birth, SSN, and distinguishing physical characteristics);
- About criminal conduct at any of our premises; or
- In emergency circumstances to report a crime; the location of the crime, the victim(s); or the identity, description or location of the person who committed the crime.

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**OTHER USES OF YOUR INFORMATION**

Other uses and disclosures of your information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to disclose your information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your information for the reasons covered by the authorization, except that, we are unable to take back any disclosures we have already made when the authorization was in effect, and we are required to retain our records of the services that we provided to you.

**Multidisciplinary Personnel Teams:** We may disclose your information to a multidisciplinary personnel team relevant to the prevention, identification, management, or treatment of an abused child and the child's parents, or elder abuse and neglect.

**YOUR RIGHTS REGARDING INFORMATION ABOUT YOU**

**Right to Inspect and Obtain Copies:** With certain exceptions, you have the right to inspect and obtain copies of your information from our records. To inspect and obtain copies of your information, you must submit a request in writing to your service provider where you received services. If you request a copy of your information, they may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and obtain copies of parts of your information. If you are denied the right to inspect and obtain copies of your information in our records, you may appeal this decision and request that another services professional designated by DHHS, who was not involved in your treatment review the denial. (At your request, a form will be provided to you for this request.)

**Right to Request an Amendment:** If you feel that your information in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, you must submit a request in writing to your service provider. In addition, you must tell your provider the reason for the amendment, and at which agency you want your request to apply to. Your request will become part of your record. (At your request, a form and a list of participating agencies will be provided to you for this purpose.)

**Right to Request Restrictions:** You have the right to request that we follow additional, special restrictions when disclosing your information. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment as determined by a doctor. To request restrictions, you must make your request in writing to your service provider. In your request, you must tell us what information you want to limit, the type of limitation, and to whom you want the limitation to apply.

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**Right to Request Confidential Communications:** You have the right to request that we communicate with you about appointments or other matters related to your services in a specific way or at a specific location. For example, you can ask that we only contact you at work, or by mail at a post office box. To request confidential communications, you must make your request in writing to your Agency case manager or the person in charge of your services. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice:** You may ask us for a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are entitled to receive a paper copy of this Notice. To obtain a paper copy of this Notice, ask any staff person. You may also obtain a copy of this Notice at our website <https://humboldt.gov.org/2512/Humboldt-Housing-Homeless-Coalition>.

You may also mail a request for a copy to:

Humboldt County Department of Health and Human Services  
507 F Street, Eureka, CA 95501  
(707) 298-3499

Or email request to:

[HHHC@co.humboldt.ca.us](mailto:HHHC@co.humboldt.ca.us)

## COMPLAINTS

You have the right to file a complaint if you believe that DHHS staff has not complied with the practices outlined in this Notice. All complaints must be submitted in writing. You will not be penalized in any way for filing a complaint.

If you believe your privacy rights have been violated, you may file a complaint with DHHS. You may do so by completing the HMIS Grievance Procedure document available on this webpage (<https://humboldt.gov.org/2512/Humboldt-Housing-Homeless-Coalition>) or by describing your complaint in another format and sharing that information with DHHS using one of the contact methods below:

To file a complaint with DHHS, contact:  
Humboldt County Department of Health and Human Services  
C/O: Quality Management Services  
507 F Street, Eureka, CA 95501  
(707) 441-5410 or Toll Free (833) 691-1200

To file a complaint with the State of California, contact:

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[www.privacy.ca.gov](http://www.privacy.ca.gov)

(866) 785-9663

(800) 952-5210

Our HMIS Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our web site, <https://humboldt.gov.org/2512/Humboldt-Housing-Homeless-Coalition> or by contacting any staff person involved in your services.

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