



MSCCoC-MIS Project Data Sharing Memorandum of Agreement

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PLEASE NOTE: Our ultimate goal here in the Community Alliance for the Homeless, MIS Department is to ensure that all requests, issues, concerns, and/or problems are dealt with both timely and accurately. Staff will be assigned to assist an agency depending on the complexity of the issues to be addressed.

To share information electronically about clients through the MSCCOC-MIS, an agreement must be entered into by agencies that will determine what data will be shared.

- Acknowledge that in transmitting, receiving, storing, processing or otherwise dealing with any consumer protected information, they are fully bound by state and federal regulations governing confidentiality of patient records, including the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR, Parts 160 & 164), and cannot use or disclose the information except as permitted or required by this agreement or by law.
- Acknowledge that they are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by state and federal regulations governing confidentiality of patient records, including the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR, Parts 160 & 164), A general authorization for the release of information is NOT sufficient for this purpose.
- Agree to use appropriate safeguards to prevent the unauthorized use or disclosure of the protected information.
- Agree to notify each of the other participating agencies, within one business day, of any breach, use, or disclosure of the protected information not provided for by this agreement.
- Agree to adhere to the standards outlined within the Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR, Parts 160 & 164) which provides consumers access to their protected information, (164.524), the right to amend protected information (164.526), and receive an accounting of disclosures of protected information (164.528).
- Agree to notify each of the other participating agencies of their intent to terminate their participation in this agreement.
- . Agree to resist, through judicial proceedings, any judicial or quasi-judicial effort to obtain access to protected information pertaining to consumers, unless expressly provided for in state and/or federal regulations.
- Agree to complete the agency's Authorization to Release Information in addition to the MSHMIS Release, if any cell contains "restricted information" as defined in the Participation Agreement.

Listed below are tables, assessments, and sub-assessments that you are able to share; please check accordingly.

T A B L E S					
<input type="checkbox"/>	Action Steps	<input type="checkbox"/>	Case Managers	<input type="checkbox"/>	Case Notes
<input type="checkbox"/>	Client Infractions	<input type="checkbox"/>	Clients (Sharing Required)	<input type="checkbox"/>	Entry Exit
<input type="checkbox"/>	Goals	<input type="checkbox"/>	Household Relationships	<input type="checkbox"/>	Households
<input type="checkbox"/>	Needs	<input type="checkbox"/>	Release of Info	<input type="checkbox"/>	Service
<input type="checkbox"/>	Service Codes (Related to Services)	<input type="checkbox"/>	Services Codes (Related to Needs)	<input type="checkbox"/>	

Client Table: (Sharing not optional):

Consist of the client name (first last, and MI), HMIS Client ID Number, Social Security Number, Military Status.

A S S E S S M E N T S					
<input type="checkbox"/>	2017 - HUD UDEs for All other Projects (Sharing Required)	<input type="checkbox"/>	2017 - HUD HOPWA Annual Assessments	<input type="checkbox"/>	2017 - HUD HOPWA for All other Projects
<input type="checkbox"/>	2017 - HUD HOPWA Entry Assessment	<input type="checkbox"/>	2017 - HUD HOPWA Exit Assessment	<input type="checkbox"/>	2017 - HUD HOPWA Update Assessment
<input type="checkbox"/>	Client Demographics (Sharing Required)	<input type="checkbox"/>	Household Data Sharing	<input type="checkbox"/>	History

Client Demographics: (Sharing not optional):

Consist of Date of Birth, Gender, Race, and Ethnicity

S U B A S S E S S M E N T S					
<input type="checkbox"/>	Addiction Information	<input type="checkbox"/>	Arrest Record	<input type="checkbox"/>	Axis II Diagnosis: M.R. & Personality Disorders
<input type="checkbox"/>	Axis III: General Medical Condition	<input type="checkbox"/>	Axis IV: Psychosocial Problems	<input type="checkbox"/>	Axis V: GAF Score
<input type="checkbox"/>	Child Enrollment Difficulties	<input type="checkbox"/>	Client's Residence	<input type="checkbox"/>	Degrees Earned Information
<input type="checkbox"/>	Dental Problems	<input type="checkbox"/>	Disabilities	<input type="checkbox"/>	Drug Testing
<input type="checkbox"/>	DSM-IV-TR Axis I: Clinical Disorders	<input type="checkbox"/>	Emergency Contacts (Sharing Required)	<input type="checkbox"/>	Employment/ Job Training
<input type="checkbox"/>	HIV Testing	<input type="checkbox"/>	Hospitals/Clinics	<input type="checkbox"/>	Household Information
<input type="checkbox"/>	Main Stream Resources Received	<input type="checkbox"/>	Medical Insurance	<input type="checkbox"/>	Medical Problems
<input type="checkbox"/>	Medication Overview	<input type="checkbox"/>	Mental Health Status	<input type="checkbox"/>	Mental Health Treatment
<input type="checkbox"/>	Military Branches	<input type="checkbox"/>	Military Service Era Information	<input type="checkbox"/>	Monthly Income
<input type="checkbox"/>	Name of Supervisor	<input type="checkbox"/>	Physician Information	<input type="checkbox"/>	School Attendance
<input type="checkbox"/>	Substance Abuse Treatment	<input type="checkbox"/>	Tuberculosis Screening	<input type="checkbox"/>	Type of Expense
<input type="checkbox"/>	War Zone Information	<input type="checkbox"/>	Work History		

2017 HUD UDE's: (Sharing not optional)

Consist of Universal Data Elements as defined by HUD.

Each request must be signed, dated, and faxed to the Community Alliance MIS Department. You may email an electronic copy to Tanyce Davis at tanyce@cafh.org for immediate notification purposes but the request will not be honored until a form with appropriate signature and current date has been received.

Name of Agency 1

Name of Project

Agency 1 Representative's Signature

Date (MM/DD/YYYY)

Name of Agency 2

Name of Project

Agency 2 Representative's Signature

Date (MM/DD/YYYY)

Name of Agency 3

Name of Project

Agency 3 Representative's Signature

Date (MM/DD/YYYY)

Name of Agency 4

Name of Project

Agency 4 Representative's Signature

Date (MM/DD/YYYY)