



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 protect-ed 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 MSSCCOC-MIS 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"/>	Client Incidents	<input type="checkbox"/>	Households
<input type="checkbox"/>	Case Managers	<input type="checkbox"/>	Entry/Exits	<input type="checkbox"/>	Needs
<input type="checkbox"/>	Case Notes	<input type="checkbox"/>	Goals	<input type="checkbox"/>	Release of Information
<input checked="" type="checkbox"/>	Clients (Sharing Required)	<input type="checkbox"/>	Household Relationships	<input type="checkbox"/>	Services
<input type="checkbox"/>	Client Notes				

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 HOPWA Annual Assessments	<input type="checkbox"/>	2017 - TN-501 HUD CoC - ESG Entry All Other Projects	<input type="checkbox"/>	Coordinated Entry Update Assessment
<input type="checkbox"/>	2017 - HUD HOPWA for All other Projects	<input type="checkbox"/>	2017 - TN-501 HUD CoC & ESG Exit	<input type="checkbox"/>	Household Data Sharing
<input type="checkbox"/>	2017 - HUD HOPWA Entry Assessment	<input type="checkbox"/>	2017 - TN-501 HUD CoC & ESG Update	<input type="checkbox"/>	Military
<input type="checkbox"/>	2017 - HUD HOPWA Exit Assessment	<input type="checkbox"/>	2017 - TN-501 HHS PATH Entry for SSO Combined	<input type="checkbox"/>	MSCCoC - Coordinated Entry
<input type="checkbox"/>	2017 - HUD HOPWA Update Assessment	<input type="checkbox"/>	2017 - TN-501 HHS PATH Exit	<input type="checkbox"/>	VA SPDAT Information
<input checked="" type="checkbox"/>	2017 - HUD UDEs for All other Projects (Sharing Required)	<input type="checkbox"/>	2017 - TN-501 HHS PATH Update	<input type="checkbox"/>	VA SSVF Entry
<input type="checkbox"/>	2017 - TN 501 Annual Assessment	<input checked="" type="checkbox"/>	Client Demographics (Sharing Required)	<input type="checkbox"/>	VA SSVF Exit
				<input type="checkbox"/>	VA SSVF Update

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"/>	Disabilities	<input type="checkbox"/>	Household Information	<input type="checkbox"/>	TAY - VISPDAT v1.0
<input type="checkbox"/>	Emergency Contact Information	<input type="checkbox"/>	Monthly Income	<input type="checkbox"/>	VISPDAT v 2,0
<input type="checkbox"/>	Emergency Contacts	<input type="checkbox"/>	Non-Cash Benefits		

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@cafth.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)