

CMIS Client Privacy Rights



[Agency Name]
(CMIS Partner Agency)

[Agency Logo]

<p>ABOUT YOUR INFORMATION:</p> <p>USES</p> <p>RISKS</p> <p>PROTECTIONS</p>	<ul style="list-style-type: none"> Information in the CMIS is used to improve services to clients like you and to help connect those seeking services with service providers. The Community Management Information System (“CMIS”) is an HMIS compliant management system. Providing your information makes it easier for us to contact you in the event of a local health, weather, or other emergencies. You will receive the same services, whether or not you allow your personally identifiable information to be entered into the CMIS. Your personally identifiable information that is in the CMIS will not be shared with any other people or organizations unless you say it can be. Personally identifying information, such as names, birthdays and social security numbers, will be kept in the CMIS Database for seven years or until the information is no longer needed for improving services in your community. Although careful measures are taken to protect personally information entered in to the CMIS, it may be possible that a person could access your information and use it for illicit purposes. Your data is protected by legal agreements signed by users of the CMIS and by electronic encryption of your personally identifiable information. You should notify the agency that collected your data if you feel that you’ve been harmed, such as a breach of confidentiality, as a result of sharing your information in the CMIS. 		
<p>YOUR RIGHTS & CHOICES</p>	<ul style="list-style-type: none"> You have the right to refuse to provide personally identifiable information. The agency collecting your agency must provide answers to questions you might have regarding how the information is used or your rights. You have the right to decide what personally identifiable information can be shared about you in the CMIS. You have the right to see the list of agencies that could access your information. You have the right to receive a copy of the information pertaining to you that is present in the CMIS. You have the right to change your mind about what personally identifiable information about you this agency has in the CMIS. 		
<p>CONTACT INFO</p>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center; vertical-align: top;"> <p>[Agency Name] [Agency Address] [Agency phone] [Agency email] [Agency website]</p> </td> <td style="text-align: center; vertical-align: top;"> <p>CHHS Department, CMIS Manager 808 West Spokane Falls Blvd Spokane, WA 99201 509.625.6051 https://my.spokanecity.org/chhs/cmis/</p> </td> </tr> </table>	<p>[Agency Name] [Agency Address] [Agency phone] [Agency email] [Agency website]</p>	<p>CHHS Department, CMIS Manager 808 West Spokane Falls Blvd Spokane, WA 99201 509.625.6051 https://my.spokanecity.org/chhs/cmis/</p>
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