ANONYMOUS CLIENTS: CREATING AND MANAGING THEM IN THE CMIS

CITY OF SPOKANE CMIS FEBRUARY 2021

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In order to meet federal, state and local privacy laws the Spokane Community Management Information System (CMIS) is required to have a process for creating anonymous records and de-identifying clients for persons who refuse to be identified in the system, disclose HIV/AIDS status or currently fleeing from domestic violence. After June 7th 2018, unaccompanied youth have the ability to sign their own CMIS consent forms to have their personal identifying information (PII) entered in the CMIS. As a reminder, everyone gets an CMIS record created but not everyone gets a record that includes their personal identifying information (PII) and no clients shall be refused services for not providing PII.

What is the most commonly recognized personal identifying information (PII*):

- Name
- Social Security Number
- Date of Birth or Age
- Address and Phone Number
- AIDS/HIV Status

**Any combination of data that could reasonable identify someone based on a case workers judgement or a client's situation can also be considered PII as well.*

START

Step 1:
All client's enrolling in your project are entered into the CMIS.

Step 2:
You have confirmed that your client is part of a category of persons that does not have their PII entered into the CMIS or has refused to sign an CMIS consent form excluding their PII from entering the CMIS.

Step 3:

- ✓ Do not include any PII in the client's new record
- ✓ Use the template below to complete the basic client information form for new clients
- ✓ Submit a support ticket in the CMIS to de-identify an existing client
- ✓ Save your anonymous client's CMIS Client ID so their CMIS account will not be lost

SCROLL DOWN

FOR COMPLETE INSTRUCTIONS

Creating New Anonymous Client Record

Values highlighted in YELLOW should be used for all anonymous clients

First Name: Anonymous

Last Name: Anonymous

First and Last Name entered as "Anonymous"

Middle Name:

Suffix:

Name Quality: * Partial, street name, or code name reported

Use this name quality value

~~Social Security Number:~~ - -

SSN Quality: * ~~Client doesn't know~~ ~~Client Refused~~ Data not collected

Basic Client Demographics

Birth Date: * 1/01/1980

Client Age: 38

Approximate the date of birth by defaulting the date to January 1st, and **add** one year to the actual birth year of the client. **Use the client's true year of birth** only when the client is 24 years old or younger, or 61 years old.

Date of Birth Quality: * Approximate or Partial DOB Reported

Ethnicity: * Hispanic/Latino

Race: *
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Client doesn't know
- Client refused
- Data not collected

Micronesian:

Gender: * Male

Sexual Orientation:

Veteran Status: * No

Show Address and Contact Information:

Do NOT add any contact information in the phone, e-mail, or address field. Do NOT add contact information to the client's case notes, nor in their SPDATS

Address:

City, State, Zip Code: City , State Zip Code

De-identifying Existing Clients

Are you ready to request an existing record be made anonymous?

- ✓ I have communicated to everyone within my organization that this client(s) will become unidentifiable except by their Client ID in the CMIS.
- ✓ I have communicated to those working with this client(s) in the CMIS outside my organization that they will be unidentifiable except by their Client ID.
- ✓ I have located my organization's internal tracking sheet and recorded this client's name and their CMIS Client ID so it can be recalled and enrollments and services can continue to be logged for them.
- ✓ I have recorded the Client ID in the client's hard copy file.
- ✓ I have saved a case note in the client's CMIS account stating that I've requested the client to be made anonymous.

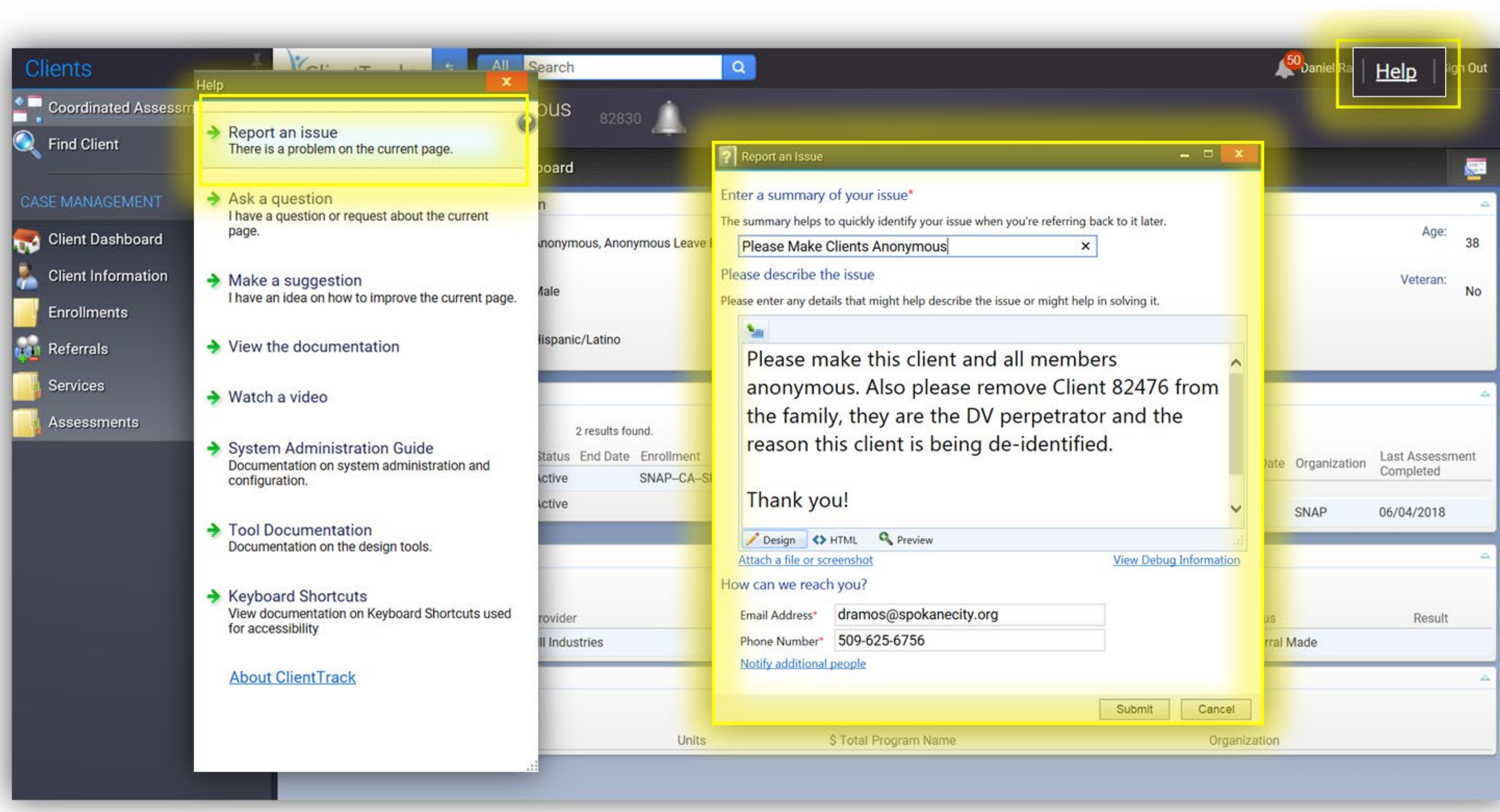
NEXT STEP

•Navigate to the client's dashboard that you want to request be made anonymous in the CMIS. If there are multiple individuals in the household please navigate to the head of household.

•Then submit a support ticket while on that client's dashboard requesting that the client and all members be made anonymous.

•If a client needs to be removed from the household please add that information in your request. Also, please include any other important details that would be necessary to know for the person de-identifying them in the system and feel free to share the reason for your request.

•Check your support ticket daily for updates until you receive confirmation that your client has been made anonymous.



PLEASE REMEMBER

- You will need to allow your case notes and other assessments you've created to be *editable* and not read-only in order for us to completely de-identify all records that may contain PII.
- Avoid creating duplicate anonymous clients by checking your internal tracking sheet first to see if the client already exists in the CMIS.
- If you require a merge of two anonymous client records or their complete accounts you need to provide both client IDs and confirm that the clients are indeed the same person(s).

ORGANIZATION CHECKLIST FOR LEADS, SUPERVISORS, AND MANAGERS

- ❑ This document is readily accessible for staff at your organization to read.
- ❑ People working at your organization and using CMIS know what is PII.
- ❑ Everyone at your organization knows which clients need to be made anonymous and what circumstances to exclude PII in the CMIS.
- ❑ There is an internal tracking sheet that records each person's CMIS Client ID and their name so that authorized staff at your organization can find those clients in the CMIS.
- ❑ Authorized people at your organization know how and where to access the internal tracking sheet and it's easily accessible.
- ❑ There is a process in place for letting outside agencies know your client's CMIS Client ID so they can log enrollments and services.
- ❑ There is a plan in place to continually monitor and assess that all anonymous records from your organization are being created and managed in accordance with this document.

Signature: ______________________________ Date: ____________________