ANONYMOUS CLIENTS: CREATING AND MANAGING THEM IN THE HMIS

CITY OF SPOKANE HMIS JUNE 2018

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In order to meet federal, state and local privacy laws the Spokane Homeless Management Information System (HMIS) 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 fleeing from domestic violence. After June 7th 2018, unaccompanied youth have the ability to sign their own HMIS consent forms to have their personal identifying information (PII) entered in the HMIS. As a reminder, everyone gets an HMIS 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 worker’s 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 HMIS.

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

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 HMIS to de-identify an existing client
- Save your anonymous client’s HMIS Client ID so their HMIS 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**

Middle Name: 

Suffix: 

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

Social Security Number: 

SSN Quality:** Data not collected**

Basic Client Demographics

Birth Date:** January 1, 1988**  
Client Age: **38**

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: **Check**

Address: 

City, State, Zip Code: City __________, State ______, Zip Code ______

**First and Last Name entered as “Anonymous”**

**Use this name quality value**

**Approximate the date of birth by defaulting the date to January 1st, and add one year to the actual birth year of the client. Subtract a year only when it would make a youth an adult, or a 61 year old a 62 year old.**

**Do NOT add any contact information in the address field. Do NOT add contact information to the client’s case notes, nor in their VISPDATS or SPDATS**
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 HMIS.
✓ I have communicated to those working with this client(s) in the HMIS 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 HMIS 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 HMIS 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 HMIS. 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 HMIS.
- 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 HMIS know what is PII.
☐ Everyone at your organization knows which clients need to be made anonymous and what circumstances to exclude PII in the HMIS.
☐ There is an internal tracking sheet that records each person’s HMIS Client ID and their name so that authorized staff at your organization can find those clients in the HMIS.
☐ 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 HMIS 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: ___________________________