



NW Social Service Connections' HMIS/CMIS Inter-Agency Data Sharing Agreement for Agencies in Multnomah County Addendum

Agency Name: _____ (Agency)

Agency has completed an Inter-Agency Data Sharing Agreement and agrees to these default settings for client data sharing among participating agencies via the NWSSC HMIS/CMIS as outlined below.

- ServicePoint Provider's visibility setup will be to share or restrict client information as of the time that the piece of client information is added to the HMIS/CMIS.
- Visibility of any element of information can be manually updated according to the Client Release of Information Authorization.

____ 1) Agency and all providers/projects

____ 2) Limited Agency and only these providers/projects (a separate form is required for remaining providers/projects):

Static Elements	Includes	
• Client	Name Alias SSN and SSN Data Quality U.S. Military Veteran Age	<input type="checkbox"/> Yes, Agency will share
• Client Demographics	Date of Birth Date of Birth Type Gender Race Ethnicity (Hispanic/Latino)	<input type="checkbox"/> Yes, Agency will share <input type="checkbox"/> No, Agency cannot share because of regulations <input type="checkbox"/> HIPAA <input type="checkbox"/> 42CFR <input type="checkbox"/> VAWA <input type="checkbox"/> Other _____
• Entry/Exit	Document clients' entries and exits to and from a provider's program, including Coordinated Entry assessment and Housing Project Entries	<input type="checkbox"/> Yes, Agency will share <input type="checkbox"/> No, Agency cannot share because of regulations <input type="checkbox"/> HIPAA <input type="checkbox"/> 42CFR <input type="checkbox"/> VAWA <input type="checkbox"/> Other _____
• Needs, Services, and Referrals	Identifies the services provided to client, referrals made to other service providers, track unmet needs	<input type="checkbox"/> Yes, Agency will share <input type="checkbox"/> No, Agency cannot share because of regulations <input type="checkbox"/> HIPAA <input type="checkbox"/> 42CFR <input type="checkbox"/> VAWA <input type="checkbox"/> Other _____
• Case Manager	Name, Provider and phone number of identified Case Manager	<input type="checkbox"/> Yes, Agency will share <input type="checkbox"/> No, Agency cannot share because of regulations <input type="checkbox"/> HIPAA <input type="checkbox"/> 42CFR <input type="checkbox"/> VAWA <input type="checkbox"/> Other _____



Assessments, types include:	Includes	
<ul style="list-style-type: none"> ● HUD UDEs ● Client Intake Assessments 	Universal HUD information is included here; sharing reduces the need for subsequent service providers to collect information	<input type="checkbox"/> Yes, Agency will share <input type="checkbox"/> No, Agency cannot share because of regulations <input type="checkbox"/> HIPAA <input type="checkbox"/> 42CFR <input type="checkbox"/> VAWA <input type="checkbox"/> Other _____
<ul style="list-style-type: none"> ● Housing assessment for Entry and Exit 	Primary Intake screen for Multnomah County Providers	<input type="checkbox"/> Yes, Agency will share <input type="checkbox"/> No, Agency cannot share because of regulations <input type="checkbox"/> HIPAA <input type="checkbox"/> 42CFR <input type="checkbox"/> VAWA <input type="checkbox"/> Other _____
<ul style="list-style-type: none"> ● Household Data Sharing Assessment 	Information that applies to all HH members and are considered UDEs or community essential	<input type="checkbox"/> Yes, Agency will share <input type="checkbox"/> No, Agency cannot share because of regulations <input type="checkbox"/> HIPAA <input type="checkbox"/> 42CFR <input type="checkbox"/> VAWA <input type="checkbox"/> Other _____
<ul style="list-style-type: none"> ● Outcome Assessments 	Multnomah County Providers shared outcomes	<input type="checkbox"/> Yes, Agency will share <input type="checkbox"/> No, Agency cannot share because of regulations <input type="checkbox"/> HIPAA <input type="checkbox"/> 42CFR <input type="checkbox"/> VAWA <input type="checkbox"/> Other _____
<ul style="list-style-type: none"> ● One Night Homeless Count Assessments 	Information needed for Point in Time Counts	<input type="checkbox"/> Yes, Agency will share <input type="checkbox"/> No, Agency cannot share because of regulations <input type="checkbox"/> HIPAA <input type="checkbox"/> 42CFR <input type="checkbox"/> VAWA <input type="checkbox"/> Other _____
<ul style="list-style-type: none"> ● Coordinated Assessment screenings, which include: <ul style="list-style-type: none"> <input type="checkbox"/> Pre Screening <input type="checkbox"/> Opportunity Screening <input type="checkbox"/> Vulnerability Screening 	Information used to collaboratively determine and see determination of priorities.	<input type="checkbox"/> Yes, Agency will share <input type="checkbox"/> No, Agency cannot share because of regulations <input type="checkbox"/> HIPAA <input type="checkbox"/> 42CFR <input type="checkbox"/> VAWA <input type="checkbox"/> Other _____
<ul style="list-style-type: none"> ● _____ _____ _____ _____ _____ 	Other Assessment Agency Chooses, listed to the left.	<input type="checkbox"/> Yes, Agency will share these additional assessments

Data Sharing Agreement Addendum

Agreed to and signed by the following agency representative:

_____ Printed Name

_____ Agency Name

_____ Title

_____ Signature

_____ Date