

## Interagency Data Sharing Agreement

Washington State HMIS

The Washington State Homeless Management Information System (HMIS) is designed to facilitate timely, efficient and effective information about services supporting persons and families who are homeless in Washington State, and to help measure results and outcomes of those services.

An agency in Washington that uses HMIS for this purpose is referred to in this document as “HMIS User Agency” or, as the context requires, as “agency”.

\_\_\_\_\_ (Agency1) has decided to use Washington State HMIS This allows programs in the agency the ability to share information electronically with other HMIS User Agencies about clients who have been entered into the system.

Client level information can only be shared between HMIS User Agencies that have established an **Interagency Data Sharing Agreement** and have received written consent from clients agreeing to share their personal information. The HMIS User Agency receiving the written consent has the ability to “share” that client’s information electronically through the HMIS system with a collaborating HMIS User Agency program.

This process can benefit clients by eliminating duplicate intakes. Demographic information, services provided and intake and exit interviews can be shared, between the collaborating agencies. By establishing this agreement, \_\_\_\_\_ (Agency 1) and \_\_\_\_\_ (Agency 2) each agree that within the confines of the Washington State HMIS:

1. HMIS information in either paper or electronic form will never be shared outside of the originating agency without client written consent except as required by law.
2. Information that is shared with written consent will not be used to harm or deny any services to a client.
3. It will not intentionally over-write data in the HMIS with information known to be inaccurate.
4. Any violation by an HMIS User Agency employee of the above requirements shall result in immediate disciplinary action from the agency as defined in the agency’s personnel policies.
5. It will abide by federal and state laws relating to the collection and use of HMIS data.
6. It will require all users of the HMIS system to sign a user agreement and abide by requirements described in User Policy and Code of Ethics prior to receiving HMIS access.
7. Information will be deleted from the system upon client request at each agency. The agency receiving the request will immediately notify the other agency.
8. Clients have the right to request information about who has viewed or updated their HMIS record.

\_\_\_\_\_ (Agency 1) and \_\_\_\_\_ (Agency 2) establish this interagency sharing agreement so that the agencies' programs will have the ability to share client level information electronically through the Washington State HMIS. This agreement does not pertain to client level information that has not been entered into the HMIS. This electronic sharing capability only provides the programs with a tool to share client level information. This tool will only be used when all parties to this agreement have signed Agency Partner Agreements with the Department of Commerce and have completed security procedures regarding the protection and sharing of data as may be provided by law.

**Limitation of Liability and Indemnification:** No party to this Agreement shall assume any additional liability of any kind due to its execution of this agreement. It is the intent of the parties that each party shall remain liable, to the extent provided by law, for its own acts and omissions and the acts and omissions of its employees, volunteers, agents or contractors through participation in HMIS and that no party shall assume additional liability on its own behalf or liability for the acts of any other person or entity. The parties specifically agree that this agreement is for the benefit of the parties only and this agreement creates no rights in any third party.

Commerce shall not be held liable to any HMIS User Agency for any cessation, delay or interruption of services, or for any malfunction of hardware, software or equipment.

By signing this form, \_\_\_\_\_ (Agency 1) and \_\_\_\_\_ (Agency 2) authorize Commerce to allow data sharing through Washington State HMIS between said agencies.

\_\_\_\_\_  
Agency 1

\_\_\_\_\_  
Agency 2

\_\_\_\_\_  
Printed Name of Executive Director

\_\_\_\_\_  
Printed Name of Executive Director

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date