

Contact Information and Confidentiality Form

Name: _____ Phone #: _(_____) _____

Email: _____ Agency: _____

Emergency Name and Contact #: _____ (_____) _____

Assigned Geographic Area (County/City) _____

All outreach staff and volunteers associated with the collection of homeless population data during the Sheltered and Unsheltered Point in Time Count are subject to the following confidentiality guidelines.

These guidelines apply to all data collected during the survey process in January and to any data from this period that may subsequently be researched and analyzed.

The Point in Time Count will collect an appreciable amount of client information that must be confidentially maintained by outreach staff, community volunteers, student surveyors and researchers. As the HMIS Lead Agency for the Harrisonburg, Winchester/Western Virginia Continuum of Care, there are important guidelines that Harrisonburg Redevelopment and Housing Authority (HRHA) would like to address regarding the upcoming collection and handling of client data:

- All client information gathered will be held strictly confidential.
- All completed surveys will be kept out of public view and delivered at the end of a survey shift to the Location Coordinator.
- Personal client information will be kept secure and will not be disclosed or misappropriated.
- Private information obtained from the Point in Time Count Surveys is to remain confidential, even if an employee's/volunteer's job is terminated, or concludes for any reason. Volunteers are held to the same level of confidentiality after the reason for their involvement terminates.
- Entering known, inaccurate information about any client is prohibited.
- I will notify the Executive Director or HMIS Administrator of HRHA if I become aware of a breach of confidentiality and complete an incident report.

Your signature below indicates your agreement to comply with this statement of confidentiality. All volunteers must submit this form before participating in the PIT Count and Survey activities.

Outreach Agency or Volunteer Affiliation (ex., JMU, EMU student) as applicable:

Agency/Volunteer/Student of _____

Print Name _____

Signature _____ Date _____

Please return all completed forms to Laura Black by email (lblack@harrisonburgrha.com) or fax to HRHA at 540-432-1113.

Volunteer Confidentiality Form.docx 2017