

Virginia Balance of State Continuum of Care Local Planning Group for the Counties of Culpeper, Madison, Rappahannock, Orange, and Fauquier

FOOTHILLS HOUSING NETWORK

CONFIDENTIALITY POLICY FOR HOMELESS SERVICES

The Foothills Housing Network (FHN) is the Virginia Balance of State Local Planning Group for the counties of Culpeper, Fauquier, Madison, Orange and Rappahannock, and is responsible for establishing policy and procedures for homeless service and prevention programs funded by the Virginia Department of Housing and Community Development (DHCD) and U.S. Department of Housing and Urban Development (HUD).

In the course of carrying out duties and responsibilities related to the administration of DHCD and HUD grants, FHN partner organizations, employees, sub-grantees, consultants, agents and volunteers may become privy to information about individuals or families who have applied for or received assistance from the programs. This information may include identifying data, income and other financial information and background data. Any employee or volunteer who comes in contact with such information shall acknowledge an ethical duty not to disclose such information, to hold it in strictest confidence, and shall agree not to disclose confidential information to anyone except for authorized purposes and as required by law.

Any paper files or records that contain identifying information for program participants shall be maintained in a locked file cabinet or office. Unique identifiers shall be assigned to all program participants to maintain confidentiality to the extent possible. In all cases, program files shall not include program participant name(s) on the outside of the file jacket.

Any electronic data files that contain identifying information for program participants shall be maintained on password-protected operating systems. All electronic correspondence with Protected Personal Information (PPI) will be sent using encrypted email. Displays that contained identifying information shall be closed upon completion of use and when the employee or volunteer leaves the work station.

In the event of an intentional or inadvertent disclosure of confidential information, the individual responsible or any individual who becomes aware of the disclosure shall notify the CoC Program Coordinator immediately.

I have read and accept the FHN Confidentiality Policy.

Signature

Date

Printed Name

Title

This policy shall be provided in writing to each covered person.

Organization