**Better Lives Rhode Island**

**HMIS Client Grievance Policy**

As per the HMIS Release of Information and data sharing policies, Better Lives Rhode Island will not share any information without the expressed written (or verbal) consent of the client.

Better Lives RI ensures that the following safeguards are in place to protect client information:

The system used to store data has the highest security protection available.

Any information that could identify a client, like name, social security number or birth date will only be viewed by people working to provide services to the client.

All personally identifiable information is removed prior to issuing reports to funding agencies.

All BLRI employees agree to follow privacy rules before using the system.

Clients have the following rights with respect to HMIS data:

To refuse consent to the HMIS Release of Information and still receive services.

To see a report of their records within two business days.

To have their record changed so that information is up-to-date and correct.

To file a complaint about how the system was used.

If a client believes that data security has been breached or consent given in the HMIS Release of Information has been violated and they wish to file a complaint, they may take any of the following actions:

1. Contact the Better Lives RI HMIS Agency Manager to address the issue

by phone (401) 454-7422

by email [dvendettiblri@outlook.com](mailto:dvendettiblri@outlook.com) or

in person during office hours

2. Complete the grievance form attached to this policy and submit it to:

HMIS Lead System Administrator

RI Coalition to End Homelessness

1070 Main Street, Suite 304

Pawtucket, RI 02860

3. Call (401) 721-5685 to speak with the HMIS Lead Administrator first.

All complaints will be handled confidentially and will not impact service delivery

If you think your HMIS privacy rights have been violated, use this form to report the problem.

It is against the law for any agency to deny services to you or your household members for filing this grievance.

|  |  |
| --- | --- |
| Your Name: |  |
|  |  |
| Agency where the problem occurred: | Better Lives Rhode Island |
|  |  |
| When did it occur? |  |
|  |  |
| What happened? |  |
|  |  |
| How may we contact you? | Phone: |
| Mailing Address: |
| Email: |
|  | Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Client or Guardian Signature* |  | *Date* |  | *Relationship to Client* |
|  |  |  |  |  |
| *Print Name* |  |  |  |  |

|  |  |
| --- | --- |
| Review Date: |  |
| Recommendation to Agency: | |

**Return this form to:**

**HMIS Lead System Administrator**

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