

**NC HMIS Coordinated Services Agreement
(Sharing QSOBAA)**

The following agencies hereby enter into a "Coordinated Services Agreement" in a one-way sharing agreement

<u>Organization Name</u>	<u>Program (s) Name</u>	<u>HMIS Provider ID</u>
CASA	Carlton	2095
	Families at Oak Hollow	2094
	Hope Crest	2096
	McKinney	2111
	Salisbury	2093
	SOAR	2110
	Sunnybrook	7162, 7164
	Sunnybrook 2 Hull's Landing	6856
Catholic Charities	Support Circle Program- Homeless	7167
Families Together	Rapid Rehousing- CoC	7126
	Rapid Rehousing- County	5062
	Rapid Rehousing- State	5298
Family Promise	Transitional Housing	4691
	Rapid Rehousing	7081
Haven House	Transitional Housing- Maternity Group Home	5421
	Transitional Housing- Transitional Living Program	1980
	Rapid Rehousing- Pregnant and parenting	5749
	Rapid Rehousing- For Youth under 24	7197
Passage Home	Franklin Woods	2001
	Jobs Journey	2003
	Ruth House Rental Assistance	2002
	Essential Services	6685
	SSVF Rapid Rehousing	4981
	SSVF Prevention	5479
Triangle Family Services	Rapid Rehousing- State	7206
	Rapid Rehousing- County	7074
Volunteers of America	SSVF RRH Priority I	5770
	SSVF RRH Priority II	5464
	SSVF Prevention Priority I	5769
	SSVF Prevention Priority II	5503
Wake County Human Services	South Wilmington Street Center IHD	4756
	Rapid Rehousing- County ESG	7465
	Rapid Rehousing- HUD	7466
	S+C 2011	5596
	SPC 2010	5036
	SPC 2010 Bonus	5037
	SPC Housing First 2004	2122
	SPC Housing First 2007	2123
	SPC Merged	2121
	WCHS Voucher Program	2120
	Lennox Chase	2125

whereby the above-named agencies agree to share the following protected information:

Assessments

- Client Profile
- Client Demographic Information
- Household Information
- Contact Information
- Veteran Status
- Entry/Exit Static Tab (not including assessment information)
- File Attachments

The purpose of this agreement is to coordinate services.

Furthermore, the participating agencies

1. Acknowledge that in transmitting, receiving, storing, processing or otherwise dealing with any consumer protected information, they are fully bound by state and federal regulations governing confidentiality of patient records, including the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR, Parts 160 & 164), applicable North Carolina laws, including North Carolina General Statutes Chapter 75, the Identity Theft Protection Act, North Carolina General Statutes Chapter 122C, Article 3, North Carolina General Statutes Chapter 130A, North Carolina General Statutes Chapter 7B, North Carolina Federal Statutes Chapter 108A, and any state laws governing participating agencies not based in North Carolina, if any, and cannot use or disclose the information except as permitted or required by this agreement or by law.
2. Acknowledge that they are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by state and federal regulations governing confidentiality of patient records, including the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR, Parts 160 & 164), applicable North Carolina laws, including North Carolina General Statutes Chapter 75, the Identity Theft Protection Act, North Carolina General Statutes Chapter 122C, Article 3, North Carolina General Statutes Chapter 130A, North Carolina General Statutes Chapter 7B, North Carolina Federal Statutes Chapter 108A, and any state laws governing participating agencies not based in North Carolina, if any. A general authorization for the release of information is **NOT** sufficient for this purpose.
3. Agree to use appropriate safeguards to prevent the unauthorized use or disclosure of the protected information.
4. Agree to notify each of the other participating agencies, within 5 business days, of any breach, use, or disclosure of the protected information not provided for by this agreement.
5. Agree to adhere to the standards outlined within the Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR, Parts 160 & 164) which provides consumers access to their protected information, (164.524), the right to amend protected information (164.526), and receive an accounting of disclosures of protected information (164.528).
6. Agree to notify each of the other participating agencies of their intent to terminate their participation in this agreement.
8. Additional Organizations may be periodically added to this agreement with unanimous approval by the existing sharing group. When the group is expanded, the existing Visibility Group must be end-dated and a new Group created on the

System. Client Releases must also be updated.

The Signatures Below Constitute Acceptance of the
"Coordinated Services Agreement"

1. Agency Name: CASA

Name & Title of Authorized Signature: Joyce Hicklen Program Director
Joyce Hicklen 7/11/2018 5:28:39 PM PDT
A053E934EC0C432
Signature Date

2. Agency Name: Catholic Charities

Name & Title of Authorized Signature: Rick Miller-Haraway Regional Director
Rick Miller-Haraway 8/8/2018 11:28:16 AM PDT
84B0CE95466440C...
Signature Date

3. Agency Name: Family Promise

Name & Title of Authorized Signature: Danielle Butler Executive Director
Danielle Butler 7/11/2018 4:42:35 PM PDT
FB3ED25475174DE...
Signature Date

4. Agency Name: Families Together

Name & Title of Authorized Signature: Lisa Rowe Executive Director
Lisa Rowe 7/12/2018 10:45:28 AM PDT
0071D4270F7F47C...
Signature Date

5. Agency Name: Haven House

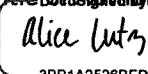
Name & Title of Authorized Signature: Kelsey Mosley CHS Director
Kelsey Mosley 7/11/2018 5:18:14 PM PDT
1DB9C5961463483...
Signature Date

6. Agency Name: Passage Home

Name & Title of Authorized Signature: Seth Friedman CEO
Seth Friedman 7/12/2018 5:45:08 AM PDT
DD1439DF2FE8414...
Signature Date

7. Agency Name: Triangle Family Services

Name & Title of Authorized Signature: Alice Lutz Alice Lutz, CEO

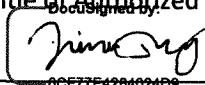


Signature

7/13/2018 11:53:05 AM PDT
Date

8. Agency Name: Volunteers of America

Name & Title of Authorized Signature: Tiana Joyner Vice President



Signature

8/17/2018 7:35:48 AM PDT
Date

9. Agency Name: Wake County Human Services

Name & Title of Authorized Signature: _____

Signature

Date

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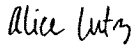
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8. **Agency Name:** Volunteers of America

Name & Title of Authorized Signature: _____

Signature

Date

9. **Agency Name:** Wake County Human Services

Name & Title of Authorized Signature: Regina Y. Petteway, Director


Signature

8-17-18
Date

Handwritten text, possibly a signature or name, located in the center of the page. The text is faint and difficult to decipher, but appears to be written in a cursive or script style.