

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

The following agencies hereby enter into a "Coordinated Services Agreement," in which two-way sharing will take place among the listed providers and programs:

<u>Organization Name</u>	<u>Program (s) Name</u>	<u>HMIS Provider ID</u>
DORCAS Ministries	Emergency Shelter	6866
Families Together	Plainview/Polly Emergency Shelter	2127
Family Promise	Emergency Shelter	2170
Haven House	Street Outreach	2028
Healing Transitions	Women's Emergency Shelter	2061
Salvation Army of Wake	Emergency Shelter	5863
The Raleigh/Wake Partnership to End and Prevent Homelessness	Wake Partnership to End Homelessness-Wake County-Coordinated Entry Access Site	7385
Triangle Family Services	Street Outreach- State ESG	7532
Urban Ministries of Wake	Helen Wright Center- Emergency Shelter	5825
	Helen Wright Center- Program (ES)	2039
Wake County Human Services	Cornerstone- Community Outreach Team	2115
	South Wilmington Street Center	4755

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 Assessment- Static and Dynamic- information
- File Attachments
- All VI-SPDAT assessments
- Needs and Services
- Wake Coordinated Entry Pre-Screen information
- Household Income

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 ended 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: DORCAS ministries

Name & Title of Authorized Signature: Howard Manning Executive Director
DocuSigned by:
Howard Manning 7/31/2018 1:53:55 PM PDT
0ECAA15C8F4A41...
Signature Date

2. Agency Name: Family Promise

Name & Title of Authorized Signature: Danielle Butler Executive Director
DocuSigned by:
Danielle Butler 7/31/2018 12:40:46 PM PDT
FB3ED25475174DE...
Signature Date

3. Agency Name: Families Together

Name & Title of Authorized Signature: Lisa Rowe Executive Director
Lisa Rowe 7/31/2018 12:46:34 PM PDT
0671D4276F7F47C...
Signature Date

4. Agency Name: Haven House

Name & Title of Authorized Signature: Kelsey Mosley CHS Director
DocuSigned by:
Kelsey Mosley 7/31/2018 12:23:47 PM PDT
1DB9C5961463483...
Signature Date

5. Agency Name: Healing Transitions

Name & Title of Authorized Signature: _____

Signature Date

6. **Agency Name:** Salvation Army of Wake

Name & Title of Authorized Signature: _____

Signature

Date

7. **Agency Name:** Urban Ministries of Wake County

Name & Title of Authorized Signature: Lisa Williams Director of Programs

DocuSigned by:
Lisa Williams

95C8546F3B2340D...
Signature

8/1/2018 7:14:38 AM PDT
Date

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

Name & Title of Authorized Signature: _____

Signature

Date

9. **Agency Name:** The Raleigh Wake Partnership to End and Prevent Homelessness

Name & Title of Authorized Signature: Abbie Szymanski Executive Director

DocuSigned by:
Abbie Szymanski

9AB3193E887147E...
Signature

7/31/2018 12:32:10 PM PDT
Date

10. **Agency Name:** Triangle Family Services

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

DocuSigned by:
Alice Lutz

3BB1A2526BED45D...
Signature

8/1/2018 8:50:58 AM PDT
Date

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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.
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"Coordinated Services Agreement"**

1. **Agency Name:** DORCAS ministries

Name & Title of Authorized Signature: _____

Signature

Date

2. **Agency Name:** Family Promise

Name & Title of Authorized Signature: _____

Signature

Date

3. **Agency Name:** Families Together

Name & Title of Authorized Signature: _____

Signature

Date

4. **Agency Name:** Haven House

Name & Title of Authorized Signature: _____

Signature

Date

5. **Agency Name:** Healing Transitions

Name & Title of Authorized Signature: _____

Signature

Date

6. **Agency Name:** The Salvation Army, A Georgia Corporation for Salvation Army of Wake

Name & Title of Authorized Signature: JAMES K. SEILER Treasurer

X 
Signature

AUG 20 2018
Date

7. **Agency Name:** Urban Ministries of Wake County

Name & Title of Authorized Signature: _____

Signature

Date

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

Name & Title of Authorized Signature: _____

Signature

Date

9. **Agency Name:** The Raleigh Wake Partnership to End and Prevent Homelessness

Name & Title of Authorized Signature: _____

Signature

Date

10. **Agency Name:** Triangle Family Services

Name & Title of Authorized Signature: _____

Signature

Date



THE SALVATION ARMY POLICY STATEMENT **ON RELATIONSHIPS WITH OTHER GROUPS AND ORGANIZATIONS**

The Salvation Army in the United States works cooperatively with many groups - governmental, social service, civic, religious, business, humanitarian, educational, health, character building, and other groups - in the pursuit of its mission to preach the Christian Gospel and meet human need.

Any agency, governmental or private, which enters into a contractual or cooperative relationship with The Salvation Army should be advised that:

1. The Salvation Army is an international religious and charitable movement, organized and operated on a quasi-military pattern, and is a branch of the Christian church.
2. All programs of The Salvation Army are administered by Salvation Army Officers, who are ministers of the Gospel.
3. The motivation of the organization is love of God and a practical concern for the needs of humanity.
4. The Salvation Army's provision of food, shelter, health services, counseling, and other physical, social, emotional, psychological and spiritual aid, is given on the basis of need, available resources and established program policies.

Organizations contracting and/or cooperating with The Salvation Army may be assured that because The Salvation Army is rooted in Christian compassion and is governed by Judeo-Christian ethics, The Salvation Army will strictly observe all provision of its contracts and agreements.

CC: October 2007 (pp. 273-275)
TFC: December 11, 2007

Lt. Colonel Terry W. Griffin
Chief Secretary

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DocuSigned by:
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Signature Date

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DocuSigned by:
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0671D4276E7E47C...
Signature Date

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Name & Title of Authorized Signature: kelsey Mosley CHS Director
DocuSigned by:
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Signature Date

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Name & Title of Authorized Signature: _____

Signature Date

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Name & Title of Authorized Signature: Lisa Williams Director of Programs

DocuSigned by:
Lisa Williams 8/1/2018 7:14:38 AM PDT

95C8548F3B2340D...
Signature Date

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

Name & Title of Authorized Signature: Regina V. Petteway, Director
Regina V. Petteway 8-17-18

Signature Date

9. **Agency Name:** The Raleigh Wake Partnership to End and Prevent Homelessness

Name & Title of Authorized Signature: Abbie Szymanski Executive Director

DocuSigned by:
Abbie Szymanski 7/31/2018 12:32:10 PM PDT

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