



The Circle of Veterans

Not all wounds are visible

The Circle of Veterans and Families
19717 Bower Rd.
Dade City, FL 33523
(866) 410- 3774

Resident Handbook

Welcome to The Circle of Veterans Emergency beds program (COV). Our staff are here to serve individuals and families that find themselves in a housing crisis. We are committed to provide: shelter, food, access to clothing and other material goods, as well as access to specialized services and individualized support in a manner that enables the individuals and families that seek our assistance to experience our guiding principles.

While you are here, we want to assist you to secure permanent housing and aid you to eliminate the barriers that led to your homelessness. Please let staff know of any concerns or needs that you have while here so that we may best assist you.

No person, because of race, color, religion, sex, age, familial status, sexual orientation, or disability, shall be discriminated against or denied participation.

The COV program provides emergency temporary shelter for persons, who for one reason or another have no place to stay. Our shelter consists of 4 (# of rooms) with 8 (# of beds), which can house a total of 8 (# of persons). Participants staying at our facility are encouraged to take advantage of the staff's assistance and to utilize any other community resources that might be helpful. COV has available a variety of services. Helps is also available for persons who need assistance filling out applications for housing and income maintenance forms. Referral help is available for persons needing other community services. The staff at COV makes the attempt to meet needs of the participants and assist persons staying at the facility so that their stay will be a period of growth and a step toward a better tomorrow. COV assists participants in obtaining permanent alternative housing; the staff cannot assure that this will occur. Staff is on duty to provide a safe environment for all participants. All staff will be responsible for overseeing and implementing the Policies and Procedures contained in this handbook.

This handbook covers important information regarding your stay at the COV facility. Please take the time to read this material or ask that it be read to you. We, therefore, expect the households we serve that come to our shelter to utilize our facilities to gain safety, self-sufficiency and respect for themselves and others.

Hours - Admissions

You may request assistance at the COV shelter M- F from 8 a.m. to 4 p.m.

Hours for Residents

In order to ensure that the shelter runs smoothly, there are expectations regarding the times in which certain activities are to occur.

- 9:00 a.m. sleeping rooms are cleared for daily maintenance and cleaning.
- 9:00 p.m. evening curfew
- Participants who work nights need to discuss their schedule hours with staff. Persons working after curfew will be admitted to the facility. Work hours must be documented.

- Spending the night away from the facility is excusable only in emergency situations and with prior approval of shelter staff.

Length of Stay

COV offers temporary services. Program participation consists of a Sixty -(60) day maximum stay and is contingent upon space and program constraints. Your stay in our facility is determined individually and shall not exceed 90 days. An extension of time is available under certain circumstances. The circumstances will vary with each individual and should be discussed with the staff.

Meal Hours

- Breakfast 7:00 a.m. – 9:00 a.m.
- Lunch 12:00 p.m. – 2:00 p.m.
- Dinner 6:00 p.m. – 7:00 p.m.

Shower Hours

- Mornings 6:30 a.m. – 9:00 a.m.
- Evenings 8:30 p.m. – 10:00 p.m.

* Shelter Manager must approve exceptions. Street clothes are required in public spaces.

Case Management Hours

Case Management staff are available to assist you with updating your resume, job search or accessing housing resources.

- Monday to Friday 9:00 a.m. to 4:00 p.m.

Resource Center Hours

The Resource Center is a place where you can go to access the Internet or a telephone for housing and job searching or receiving a referral for accessing benefits.

- Monday to Friday 8:00 a.m. to 11:00 p.m.

Laundry Hours

Every facility participant is assigned a specific day to do laundry. You are not to launder on anyone else's day, unless you have received permission from the Shelter Manager. The Shelter Manager will work out these hours with the assigned person, not you. **NO** laundry is to be left in the washer or dryer while you are out of the building and is to be removed by 11:00 p.m. even if you are not finished. Last load can be put in at 9:00 p.m. Clothes must be maintained a plastic bag or plastic footlocker at all time. – **No Exception.** Ironing is to be completed in the laundry room only. Irons are not to be taken into the sleeping rooms.

- Daily hours are 6:00 a.m. to 11:00 p.m.

- Use care when operating equipment. For example, proper water level for load size, correct settings for washer and dryer, proper amount of soap, etc.
- If you need assistance with use of the washer and/or dryer, please ask staff for assistance.
- Clean equipment and filter after each use.
- Laundry facilities are to be used for participants only and bed linens.

House Chores

- Participants are expected to assist with necessary chores around the house.
- Please review the chore list to see what you need to do when assigned a chore. The Shelter Manager or designee will be assigning and re-assigning chores as needed.
- Chores are to be done between 7:30 – 9:30 a.m. – Monday through Friday and 8:30 – 9:30 a.m. – Saturday and Sunday.
- You are responsible for completing the chore(s) assigned to you and advising the shelter staff when you have done your chore.

Chores include:

| <i>Cleaning</i> | <i>Greeting</i> | <i>Meal Preparation</i> |
|------------------|---------------------------------|-------------------------|
| Bathrooms | Welcome participants | Cooking |
| Laundry room | Introduce to other participants | Serving |
| Living Room | Reception duties | Dishwashing |
| Kitchen | | Clean-up |
| Dining area | | |
| Common area | | |
| Hallway | | |
| Outside building | | |

It is the responsibility of each participant to keep his/her own sleeping area, dining area and common areas clean at all times.

- Report anything broken, missing or damaged to the staff (screens, plumbing, electrical, heating problems, etc.)
- Do not put grease or garbage down the drain
- Do not dispose of sanitary napkins or other bulky items down the toilet
- Do not remove window screens
- Turn off lights, radios, televisions, and other appliances when not in use
- Bathtubs/showers are to be cleaned after each use
- Floors are to be swept and mopped weekly or more often if necessary
- Laundry equipment should be wiped off after each use
- Dryer filters should be cleaned after each use

Resident Parking on Shelter Parking Lot

- Participants may not park a non-operational vehicle on the COV facility parking lot. Leaving a non-working car sit in the parking lot will result in the car being towed away at the participant's expense.

Transportation

Shuttles to the VA for medical and housing appointments are Monday and Wednesday ONLY

Case Managers distribute transportation passes. Upon admission, you will be provided passes.

James Hailey shuttles will be arranged on a case by case basis

Medications

- Residents are responsible for storage of their own prescription medications.
- Resident medications should be placed in their locked foot locker.
- Minor first-aid supplies are available (for example: Band-Aids, gauze, burn spray, etc.)

- **Removal**
- Medications must be removed and disposed of immediately if they are discontinued, expired, contaminated, deteriorated, unlabeled or in cracked, soiled or unsecured containers.
- If a medication needs to be replaced, the resident or their family/responsible party can reorder it from the resident's pharmacy.

Commented [CNE1]: Is this done?

Commented [TR2R1]: This should be done by the resident the medication is prescribed to. I can add this to the resident handbook?

Commented [TR3R1]:

TV Hours

During the week, the TV is not to be on before 6:30 a.m. The TV is to be off by 11:30 p.m. Weekend TV use is at the discretion of the shelter staff. Guests PROHIBITED FROM ordering movies or programs on NETFLIX, AMAZON or any other provider, without prior consent of the house manager.

Mail

- All mail will be delivered to the 19717 Bower Rd. Dade City 33523.
- Staff will be responsible for retrieving delivered mail.
- Participants must come to the office to retrieve their mail.
- Mail be held for 2 days and then will be returned to sender.
- COV will not provide postage on participant's personal outgoing mail.

Phone Hours

No phone calls are to be made or received between 11:00 p.m. and 6:00 a.m. Please limit calls to 15 minutes.

Cell Phones

Cell phones are not to be used in any area of the building except the sleeping room or outside. Shelter participants are not to use other participant's cell phones.

Smoking

- Smoking is not permitted anywhere in the building.
- Participants can only smoke outside in back of the facility or at the fire pit.
- Participants must be dressed in street clothes (including shoes) when out for smoke break.

Visitors

- Visitation can occur daily during daylight hours when staff are present.
- You and your guests are expected to be respectful of the staff working in the area. Participants are responsible for making sure that visitors abide by the shelter rules and responsibilities.
- Visitation is for 60 minutes only and all visitors must enter through the main entrance.

- All visitors must check in at the office and sign the visitor log before visiting participants at the facility.
- Staff retains the right to approve or disapprove of visitors entering the shelter. Shelter staff may require a visitor to leave if deemed necessary.

Entry Information

- COV has a Privacy Policy that protects and limits disclosure of my personal protected information (PPI) such as my name, Social Security number, and date of birth. I understand that at any point during my current stay with COV that I may request a copy of the privacy policy from any staff member.
- COV facility has a Participant Rights Statement that outlines my rights as a participant in the COV and if I have questions about any of those rights I may engage with any staff member.

Rules

You are expected to be acquainted with these rules after your first week of stay in the shelter. After that the Shelter Manager may write you up for any violation of the rules. The write-up will be given to your Case Manager who will determine the consequence. An accumulation of write-ups may be reason for your discharge from the shelter.

- I will treat staff, other participants and volunteers respectfully. I will not swear or use slurs against others.
- I will maintain personal hygiene and/or appropriate dress.
- I will provide true and clear information to staff in order to obtain services.
- Beds are to be made neatly every day.
- Each participant is responsible to wrap his or her garbage daily and place it in the large barrel. I will keep my area clean.
- The COV is not responsible for lost or stolen items. Do not leave valuables around where they can be seen.
- No napping in the common areas.
- Pets are allowed on a case by case basis.
- Laundry soap, softener and comfort supplies (shampoo, soap, toothpaste, etc.) are provided when you enter the COV.
- I will not have food or beverages in an unauthorized area.
- I will comply with curfew.
- I will cooperate with staff.
- I will not gamble on COV Shelter premises.
- I will not have alcohol or non-prescribed drugs on premises.

Incident Reporting

Violation of Priority 1 or 2 level incidents can be cause for immediate exit from the program

- **Incident Reporting**
- The timely and accurate communication of incidents and emergencies affecting COV clients, staff, and guests is essential to maintaining a safe and healthy environment. The purpose of this policy is to establish uniform criteria and formats for reporting Incidents occurring at the COV facility or COV event and/or outing
- This policy sets uniform criteria for what is reported as well as when and how reports are made and distributed
- **Priority One Incidents** are the most serious and urgent. **Priority One Incidents** Include:
 - • Homicide, suicide, or death on site
 - • Attempted homicide, attempted suicide, assault resulting in life-threatening Injury, or accident resulting in life-threatening Injury (including chug overdose)
 - • Use of a firearm
 - • Rape, attempted rape, or sexual assault
 - • Riot, bomb threat, hostage taking/ abduction,
 - • Fire, disaster, or other environmental concern that Involves a life-threatening or the evacuation of an entire site as directed by emergency personnel
 - Assault or threatening behavior that results in life-threatening injury or accident resulting in life threatening Injury (including overdoses)
 - Arrest of COV staff on site
 - Heating, water, electrical failure, or other environmental issue (i.e. asbestos, lead, radon), that is expected to last more than 4 hours
 -
- **Priority Two Incidents** include problems that are not Immediately life-threatening or dangerous, but still must be reported promptly, so that agency administrators are informed of the incident and can resolve the matter within appropriate time frames:
 - Physical fights that do not result in arrest
 - Allegations of: rape, attempted rape or sexual assault that do not result in arrest
 - Arrest of a client, staff, or visitor for criminal activity in the facility, including harassment, intimidation or victimization (i.e. stealing, extortion, loan sharking)
 - Un-prescribed drugs or alcohol on COV premises (**Resident may be required to take a breathalyzer in the event of alcohol related events**).
- **Priority Three Incidents**
 - Incidents that occur off shelter premises (including client deaths) and/or involve persons known to be current shelter clients and that would otherwise be classified as Priority One
 - Theft or vandalism of property valued at \$1500 or more
 - Domestic violence that results In the victim pressing charges, arrest of the assailant and/or the relocation of the victim

- **Priority Three Incidents** include unusual occurrences that need to be recorded and reviewed for possible corrective action:
- On-site incidents that are not classified as ONE or TWO, but occur in the shelter involving clients, staff, visitors or property, including: thefts, physical fights, personal injury,
- minor property damage, and/or evacuations
- Off-site incidents involving clients and/or staff that affect community quality of life, including: thefts, physical fights, personal injury, minor property damage, and/or evacuations
- Removal, via EMS, of any client for any reason other than a Priority One or Priority Two event
- In confirmed or suspected cases of contagious disease (i.e. chickenpox, Hepatitis A, tuberculosis, measles, meningitis)

Rights and Responsibilities

- You have the RIGHT to exit the program anytime you choose.
- You have the RIGHT not to be discriminated against on the basis of race, ethnicity, age color, creed, religion, sex, national origin, sexual orientation, handicap, physical or mental or development disability.
- You have the RIGHT to be treated with consideration and respect for personal dignity, autonomy and privacy by the staff, volunteers and other participants.
- You have the RIGHT to receive services in the least restrictive, feasible environment.
- You have the RIGHT to consent to or refuse any service upon full explanation of the expected consequences of such consent or refusal.
- You have the RIGHT to request an extension of your 60 day stay, provided you have complied with the COV facility rules and regulations and are actively working on your exit plan.
- You have the RIGHT to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of participant information under State and Federal laws and regulations, unless release of information is specifically authorized by the participant, parent or legal guardian of a minor child.
- You have the RIGHT to receive a copy of your own individual service plan and to participate in the development, review and revision of that plan. You have the right to active and informed participation in the establishment, periodic review and reassessment of the service plan.
- You have the RIGHT to be informed of one's own condition, of proposed or current services, and of the alternatives.

- You have the RIGHT to have access to one's own participant record in accordance with program procedures.
- You have the RIGHT to be informed of the reason(s) for discontinuing services, and to be involved in the planning for the consequences of that event.
- You have the RIGHT to be informed of the reason(s) for denial of a service and the right to receive an explanation of the reasons for denial of service.
- You have the RIGHT to file a grievance in accordance with program procedures.
- You have the RIGHT to participate in any appropriate and available services, regardless of refusal of one or more other services, unless there is a valid and specific necessity that precludes and/or requires the participant's participation in other services. This necessity will be explained to the participant and written in the participant's individualized service plan.
- You have the RIGHT to receive services free of charge.

(Along with RIGHTS come RESPONSIBILITIES)

- You have the RESPONSIBILITY to know and follow all COV Rules and Policies, and to receive a copy of the Shelter Handbook upon intake.
- You have the RESPONSIBILITY to ask questions of the staff if you are unsure of any rule or policy.
- You have the RESPONSIBILITY to treat the staff, volunteers and other participants with respect.
- You have the RESPONSIBILITY to avoid gossip and any situation that would lead to discord in the house.
- You have the RESPONSIBILITY to report any action by another person that would threaten the safety of the house of another person.

Safety and Security Rules

The following behaviors are not permitted on the premises of the shelter and may be cause for immediate dismissal from the program:

- Possession of Alcohol, Non-Prescribed drugs, Drug Paraphernalia, and/or weapons of any kind.
- Males and females may co-mingle in common areas only and are not allowed together in sleeping areas
- Abusive language, profanity or disrespectful attitudes towards staff or other participants.
- Violence is not tolerated at the COV.
- Physically/verbally confrontation and/or sexual harassment of another resident, staff or volunteer will not be accepted.
- Stealing from the shelter, staff, other participants or volunteers is not permitted.
- Shelter property is not to be destroyed.
- Criminal activity on or off COV property that threatens the safety of our participants and/or campus is not endured.
- Shelter operations are not to be disrupted.
- Searches will be complied with.

- Residents are NOT to open or enter pastures without written consent or escort from authorized COV staff.
- Residents will avoid contact with snakes, alligators, and other wild animals on COV property.

Safety Drills

- Shelter participates in safety drills (for example fire and tornado drills) on a regular basis.
- In case you detect a fire, immediately contact staff and pull alarm.
- Fire extinguishers are located in several locations throughout the shelter.
- If you hear alarm and if hallway is safe, leave your room, and proceed to the nearest exit. If the hallway is not safe, leave through a window.
- Wait for staff person or fire department to instruct you to return to the Shelter where fire was located.

Resident Agreement

- As a temporary resident of the COV facility, I understand that this is a temporary arrangement and I am a guest here on a daily basis, not to exceed 60 days. I will actively seek housing, and complete my plan for self-sufficiency with the assistance of the staff. I understand that if I do not work toward completing my plan or do not follow shelter rules, I will lose shelter services. I further understand that if I wish to re-enter the COV facility, I will need to meet with a Case Manager to develop a plan for self-sufficiency.
- I understand that due to the demand on shelter, if I do not comply with curfew, my bed may be reassigned. I also understand that if I lose my bed, I may not be able to return to the shelter.
- As a voluntary participant, I agree to the following principles. I understand that violations may result in termination of services.
- I understand the guiding principles and expectations that COV has of me.
- I voluntarily accept the rules and service of COV.
- I agree to participate in Case Management services if deemed necessary while I am in the shelter.

Discharge & Moving

- Staff is to be notified regarding the day and time when participant plans to move out of the facility.
- Rooms are to be left clean. Trash thrown out, floors swept, linens washed and returned to office, and all personal articles removed from rooms.
- Any damage to shelter's property or stealing of shelter's property, will be noted on the participant's file.

Grievance Procedures

- It is the intent of COV Shelter Staff and Employees that you will be treated at all times with respect and that your current circumstances will be kept in the strictest confidence. We try to provide a friendly atmosphere. However, even in the best of situations, misunderstandings may arise causing a participant to feel she/he has been unfairly treated.
- If the complaint is the result a participant being EXITED, a 48-hour extension may be granted while the President of the Board of Directors or designee makes a decision, unless the reason for exit was a safety violation (violence, drug use on premises, smoking in house, etc.)
- Each participant shall have the right to express his/her feelings concerning his/her dissatisfaction with the Policies and Procedures of the shelter in an appropriate manner.
- There are three (3) steps to the grievance process:
 1. Discuss the matter with a staff member involved. Frank discussion will usually clear up the misunderstanding and solve the problem. If the matter remains unresolved, go to the next step.
 2. Request a complaint form and complete it. Forward the report to the Shelter Director. She/He will review the complaint and respond in writing to the participant within five (5) working days of receipt of the report. If the participant remains dissatisfied with the resolution offered, she/he may take the next step. ** or in the case that the grievance is with the Shelter Director move to step 3.
 3. Request that the complaint form be forwarded to the Executive Director for review. She/He will take one of the following two (2) steps:
 - Give the participant a written response which would indicate the final disposition; or
 - Call a conference for the parties involved in the incident(s). The final disposition will be issued within five (5) working days of the conference.

Entry Information

- My signature below indicates that I was made aware of the rights, rules and program requirements for the COV program, provided a copy of the facility Handbook and that I understand my rights as a COV facility participant and agree to abide by COV facility rules and program requirements. I agree that I understand all of its terms. I am signing it voluntarily.
- I understand that should I have questions about anything concerning my stay that I may engage with any staff member including the Participant Rights Officer.
- I am willingly entering the COV Shelter and understand that shelter services are provided to me at no costs. I hereby consent to services with COV facility.
- I understand that COV facility makes every effort to ensure my personal safety and the security of my belongings, however COV facility is not liable for any personal injury or damage to my belongings. I take full responsibility for securing my possession, both while I am on shelter property and when leaving my

belongings on the property in my absence. If I am gone from the shelter for more than 24 hours, I understand that my property will be thrown away or donated.

- I understand that due to limited space I must limit the amount of personal property that I bring into the shelter.
- I waive all liability of and hold harmless, the COV, its Board of Directors and staff for any **loss of property** I may experience at the shelter or on its grounds.
- I waive all liability of and hold harmless, the COV, its Board of Directors and staff for any **injury** I may suffer at the shelter, grounds on its grounds or in it's vehicles.
- I agree that in the event that I am unable to provide informed consent to emergency medical treatment, the COV is authorized to arrange for such treatment by a licensed physician, including calling 911 and/or transportation to the nearest available medical site.
- I understand that the data collected during intake is for demographic and tracking purposes only, and will be kept confidential.

Notice of Privacy Practices

Notice Contents

- Notice summary
- Scope of notice
- How and Why COV collects personal information
- How COV Shelter uses and discloses personal information
- How to inspect and correct personal information
- Data quality
- Complaints and accountability
- Acknowledgement

Notice Summary

1. Personal Protected Information (PPI) is any information the COV has about a participant that allows for the identification of that individual.
2. COV will only collect and/or disclose PPI for the purposes stated in this notice.
3. COV will alert you prior to any disclosure not stated in this notice.
4. COV will maintain the confidentiality and security of all PPI collected.
5. You may request to access, inspect and/or correct PPI related to the services you receive from that is maintained in your electronic or hard copy resident file.
6. You may challenge through established grievance procedures any denial to access, inspect and/or correct PPI related to the services you receive from COV Shelter that is maintained in your electronic or hard copy resident file.
7. COV will make every effort to maintain complete and accurate PPI on residents served and collect that PPI in a timely manner and dispose of that information in a confidential way that complies with this notice.

Scope of Notice

This notice describes COB privacy policy. COV Shelter's Administrative offices are located at:

The Circle of Veterans Ranch

19717 Bower Rd.
Dade City, FL 33523

The policy and practices described in this notice cover the process of protected personal information for participants of COV. Protected personal information (PPI) is any information we maintain about a participant that:

1. Allows identification of an individual either directly or indirectly;
2. Can be manipulated by a reasonably foreseeable method to identify a specific individual;
or
3. Can be linked with other available information to identify a specific participant.

When this notice refers to personal information, it means PPI.

COV adopted this policy because of standards for Homeless Management Information Systems issued by the Department of Housing and Urban Development. We intend our policy and practices to be consistent with those standards. See 69 Federal Register 45888 (July 30, 2004).

This notice describes how we process personal information. COV follows the policy and practices described in this notice. COV may amend this notice or change our policy or practices at any time. Amendments will only affect personal information that COV Shelter obtained after the effective date of the amendment. Previously collected personal information will remain subject to the policy that applied when the information was collected.

COV provides advance notice of any change to this privacy when practicable. COV will post a notice on our premises 30 days before the effective date of any material change.

COV accepts and considers public comments on changes to our privacy policy when practicable. Individuals may submit comments and or suggestions on how COV can better meet your needs in relation to protecting your PPI to the COV Participant Rights Officer in writing or make an appointment to speak to the Participant Rights Officer at the following address:

The Circle of Veterans and Families
Participant Rights Officer/Privacy Suggestion
Attn. Tice Ridley
Address: 13337 Gulf Blvd
Madeira Beach, FL 33708
773-859-9006
Fax 727-499-7526

COV provides a written copy of this privacy notice to any individual who requests copy of this notice. COV also provides a copy of this notice to each participant at or around the time PPI is first collected. If the first contact is by telephone we attempt to provide a copy of this notice during the first one-on-one contact the participant has with a staff member or by mail, if requested.

How and Why COV Collects PPI

COV collects PPI only when appropriate to provide services or for another specific purpose of our organization or when required by law. COV may collect information for these purposes:

1. To provide individual case management,
2. To produce aggregate-level reports regarding use of services,
3. To track individual program-level outcomes,
4. To identify unfilled service needs and plan for the provision of new services,
5. To allocate resources among agencies engaged in the provision of services,
6. When required by law,

7. To operate COV, including administrative functions such as legal issues, audits, personnel planning, program planning, evaluate and oversight and management functions,
8. To comply with government reporting obligations for Homeless Information Systems,
9. To conduct research for consulting and/or educational purposes, and

COV only uses lawful and fair means to collect PPI. COV normally collects personal information with the knowledge and consent of our participants. If a participant seeks COV assistance, the agency will collect PPI if we receive written consent from the participant to do so. Written consent is obtained when a participant approach COV for assistance and undergoes an Intake Interview. During the Intake Interview, a staff member will describe the policy and practices within this notice and collect the participant's written consent for release of PPI for the purposes listed above.

COV restricts the collection of personal data in order to provide the services and operational activities listed above. COV will only collect information after discussing our collection practices with you. COV may also get information, if necessary, about you from the following sources:

1. Individuals who are with you,
2. Other private organizations that provide services to the homeless,
3. Government agencies, and
4. Telephone directories or other publicly published sources.

COV posts a sign at our intake stations and in each Shelter explaining the reasons we ask for personal information. The sign reads as follows:

PLEASE READ CAREFULLY! This notice describes how data entered into the COV HMIS (Homeless Management Information System) may be used and disclosed and how you can get access to this information.

We Will Protect Your Information

Our duty is to safeguard protected information that you may choose to provide when you become a resident of COV. During initial contact COV HMIS participating agencies as participants for information about themselves and their family and enter it into a computer program called the Homeless Management Information System (HMIS). Although HMIS helps us to keep track of participant information, individually identifiable information about our participants is considered "Protected Information." We are required to protect the privacy of identifying information and to give notice about how, when and why we may use or disclose any information given to us. We are also required to follow the privacy practices described in this Notice. COV, as a participating member of COV HMIS project reserve the right to change our privacy practices and the terms of this Notice at any time. A copy of the new notice may be requested from COV.

How We May Use and Disclose Your Information

We use and disclose collective information for a variety of reports. We have a limited right to utilize information for reports on homelessness and services needed by those who are homeless. Identifying information will never be used in the communication of these reports. We will not turn information over to a national database. For uses beyond reports that assist us in ensuring that we are providing you with the most efficient and effective services, we must have written consent unless the law permits or requires us to make the use or disclosure without prior consent.

Please review the Participant Consent for Data Collection/Release of Information Authorization form that will be provided to you during your intake meeting for further details regarding disclosure practices. This form must be signed before we can utilize your information. **You do not have to sign the form or consent to data collection in order to receive services.** However, participant consent, although optional, is a critical component of our community's ability to provide the most effective services and housing possible.

**PARTICIPANT RIGHTS REGARDING
YOUR PERSONAL PROTECTED INFORMATION**

You Have the Right:

To Services, Even if You Do NOT Choose to Participate in HMIS.

You Have the Right:

To Ask For Information Regarding Who Has Access
To Both Your Physical and Electronic Participant File.

You Have the Right:

To Review the Information in Both Your Physical and Electronic File and Request a Change of
Information if there is something that is not correct.

How COV Shelter Uses and Discloses Personal Information

COV may use or disclose personal information for activities described in this part of the notice. COV may or may not make any of these uses or disclosures:

1. To provide or coordinate services to individuals,
2. To carry out administrative function such as legal, audits, personnel, oversight and management functions,
3. To create de-identified (anonymous) information that can be used for research and statistical purposes without identifying participants,
4. When required by law to the extent that use or disclosure complies with and is limited to the requirements of the law,
5. To avert a serious threat to health or safety if COV believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public and/or the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat,
6. For academic research purposes conducted by an individual or institution that has a formal relationship with the COV if the research is conducted either:
 - a. By an individual employed by or affiliated with the organization for use in a research project conducted under a written research agreement approved in writing by a program administration (other than the individual conducting the research designated by COV, or
 - b. By an institution for use in a research project conducted under a written research agreement approved in writing by a program administrator designated by COV.

A written research agreement must:

- a. Establish rules and limitations for the processing and security of PPI in the course of the research,
- b. Provide for the return or proper disposal of all PPI at the conclusion of the research,
- c. Restrict additional use or disclosure of PPI, except where required by law, and
- d. Require that the recipient of data formally agree to comply with all terms and conditions of the agreement.

A written research agreement is not a substitute for approval (if appropriate) of a research project by an Institutional Review Board, Privacy Board or other applicable human subjects protection institution.

7. To a law enforcement official for a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under any of the following circumstances:
 - a. In response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena,
 - b. If the law enforcement official makes a written request for PPI that:
 - i. Is signed by a supervisory official of the law enforcement agency seeking the PPI,

- ii. States that the information is relevant and material to a legitimate law enforcement investigation,
 - iii. Identifies the PPI sought,
 - iv. Is specific and limited in scope to the extent reasonably practicably in light of the purpose for which the information is sought, and
 - v. States that de-identified information could not be used to accomplish the purpose of disclosure.
8. To report about an individual, we reasonably believe to be the survivor of abuse, neglect or domestic violence to a government authority (including a social service or protective services agency) authorized by the law to receive reports of abuse, neglect or domestic violence under any of the following circumstances:
- a. Where disclosure is required by law and the disclosure complies with and is limited to the requirements of the law,
 - b. If the individual agrees to the disclosure, or
 - c. To the extent that the disclosure is expressly authorized by statute or regulation and COV believes that the disclosure is necessary to prevent serious harm to the individual or other potential victims or if the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PPI for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

When COV Shelter makes a permitted disclosure about a survivor of abuse, neglect or domestic violence, COV will promptly inform the individual who is the survivor that a disclosure has been or will be made, except if:

- a. COV, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm, or
 - b. COV would be informing a personal representative (such as a family member or friend), and we reasonably believe that the person representative is responsible for the abuse, neglect, or other injury, and that informing the personal representative would not be in the best interests of the individual as we determine in the exercise of professional judgment.
9. If COV believes in good faith that PPI constitutes evidence of criminal conduct that occurred on our premises,
10. In response to an oral request for the purpose of identifying or locating a suspect, fugitive, material witness or missing person and the PPI disclosed consists only of name, address, date of birth, place of birth, Social Security Number and distinguishing physical characteristics, or
11. If a request is made by an authorized federal official seeking PPI for the provision of protective services to the President, other persons authorized by 18 U.S.C. 3056 or to foreign heads of state or other persons authorized by 22 U.S.C. 2709 (a)(3) or for conduct of investigations authorized by 18 U.S.C. 871 and 879 (threats against the President and others) and the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought,
12. To comply with government reporting obligations for homeless management information systems and for oversight of compliance with homeless management information systems compliance.

COV will limit disclosures of PPI to the minimum amount of information necessary to accomplish the purpose of disclosure. Before COV makes any use or disclosure of your PPI that is not described above, COV will seek your consent first. COV may agree to your request for an additional restriction on the use or disclosure of your personal information if we can do so consistent with legal requirements and if COV considers the request to be reasonable and practical. If you wish additional disclosure or limited disclosure at the time of your Intake Interview, please note this on the Participant Consent for Data Collection form. If at any time during your stay with COV you wish to amend this agreement, please see your advocate and request to complete a new Participant Consent for Data Collection form.

How to Inspect and Correct Personal Information

You may inspect and have a copy of the PPI that COV maintains in relation to the services that you receive from COV. A COV representative will explain any information in your electronic or hard copy file that you do not understand.

COV will consider all legitimate requests from you for correction of inaccurate or incomplete PPI maintained in relation to the services you receive from COV. If COV finds that the information is inaccurate or incomplete, COV may delete the information or choose to mark it as inaccurate or incomplete and supplement it with additional information.

In order to inspect a copy of your electronic or hard copy records in relation to the services you received from COV, you must make the request in writing to either your advocate or an Intake Specialist stating the reason you would like to review your information and the date you would like to review your information. Requests to review information must be made 24 hours in advance. COV may deny your request for inspection or copying of PPI if:

- a. The information was compiled in reasonable anticipation of litigation or comparable proceedings,
- b. The information contains the PPI of another individual other than a health care provider or homeless care provider,
- c. The information was obtained under promise of confidentiality (other than a promise from a health care provider or homeless care provider) if the disclosure would reveal the source of the information, or
- d. The disclosure of information would be reasonably likely to endanger the life or physical safety of another individual.

If COV denies your request for access or correction, COV will explain the reason for denial to you in writing. You may appeal the denial through COV established grievance process. If COV has need to disclose PPI that was disputed and a correction denied, COV will disclose the statement of disagreement and the denial paperwork along with the PPI. COV will also include, as part of the PPI maintained, documentation of your request and the reason for denial. COV may reject repeated or harassing requests for access or correction.

Data Quality

COV will only collect PPI that is relevant for the purposes stated in this notice. To the extent necessary for the purposes stated in this notice, COV seeks to maintain only PPI that is accurate, complete and collected in a timely manner.

COV is developing and implementing a plan for disposal of PPI not used within seven years of collection or after the information was last changed. As an alternative to disposal, COV may choose to remove identifiers from the information.

COV may keep information for a longer period if required to do so by statute, regulation, contract or other requirement.

Complaints and Accountability

COV accepts and considers questions or complaints about COV Shelter's privacy and security policies and practices. Questions regarding COV privacy and security policies and practices may be made either orally or in written form and directed to COV staff. Complaints regarding COV privacy and security policies and practices may be submitted in writing per COV established grievance procedure.

All members of COV Shelter staff (including employees, volunteers, affiliates, contractors and associates) are required to comply with this privacy notice. Each staff member must receive and acknowledge receipt of a copy of this privacy notice.

COV regularly reviews compliance with this privacy policy. COV Shelter's Participant Rights Officer is responsible for ensuring compliance with this policy and may be contacted at:

The Circle of Veterans Ranch
19717 Bower Rd.
Dade City, FL 33523
Phone 866-410-3774
Fax 727-499-7526

Acknowledgement

By signing below, I acknowledge that I have received an explanation and a copy of the COV Ranch Handbook. I acknowledge that it is my responsibility to understand the contents of this Handbook.

Signature

Date

Printed Name

Please check one

Original File Copy

Resident Copy

Notice of Privacy Practices – Receipt Acknowledgement

| | |
|--|---|
| Participant Name: | Date: |
| <p>We are committed to preserving the privacy and confidentiality of your PPI whether created by us or maintained on our premises. We are required by certain state and federal regulations to implement policies and procedures to safeguard the privacy of your PPI. We are required by state and federal regulations to abide by the privacy practices described in the notice provided to you including any future revisions that we may make to the notice as may become necessary or authorized by law.</p> | |
| <p>The effective date of this Privacy Notice is:</p> | |
| <p>PRIVACY NOTICES, INFORMATION RESTRICTIONS, RECORD AMMENDMENTS/CORRECTIONS, DISCLOSURES OF INFORMATION, REVOKING AN AUTHORIZATION, INSPECTION AND COPYING OF RECORDS, CONFIDENTIAL COMMUNICATIONS, FILING COMPLAINTS, ETC.</p> | |
| <p>Should you have any questions concerning our Agency's privacy practices, obtaining copies of our Privacy Notice, requesting restrictions on the release of your information, revoking an authorization, amending or correcting your PPI, obtaining a listing of the information we disclose concerning your PPI, requests to inspect or copy your medical information, requests that we communicate information about your health/service matters in a certain way, denial of access to your PPI, filing complaints, or any other concerns you may have relative to our Agency's privacy practices, please contact:</p> | |
| <p>Name Title Address City, State Zip Phone Fax</p> | <p>YOU MAY ALSO FILE COMPLAINTS WITH: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 23 N. MICHIGAN AVENUE CHICAGO, ILLINOIS 60601 312-886-2359 (PHONE) 312-886-1807 (FAX) 312-353-5693 (TTD)</p> |
| <p>I certify that I have received a copy of this Agency's Privacy Notice.</p> | |
| Participant's Signature: | Date: |
| <p>I certify that I am an authorized representative of _____, and that I have received the Privacy Notice on behalf of this individual and that the Agency provided me with an opportunity to review this document and ask questions to assist me in understanding his/her privacy rights.</p> | |
| Representative Signature: | Date: |
| <p>For Agency Use Only</p> | |
| <p>A good faith effort was made to provide a copy of the Privacy Notice to this participant and to obtain written acknowledgement of the same. Acknowledgement of the same. Acknowledgement is not available for the following reason:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | |
| Agency Representative Signature: | Date: |

