

## NC-507 Coordinated Services Agreement (Sharing QSOBAA)

The following agencies hereby enter into a "Coordinated Services Agreement"

1. Alliance Health
2. City of Raleigh ACORNS (Addressing Crises through Outreach, Referrals, Networking and Service)
3. City of Raleigh Housing and Neighborhoods Department
4. Community Alternatives for Supportive Abodes (CASA)
5. Catholic Charities of Wake County
6. Dorcas Ministries
7. Downtown Raleigh Alliance
8. Dream BIG Community Resource Center
9. Durham VA Health Care System
10. Families Together
11. Family Promise of the Triangle
12. Haven House Services
13. Healing Transitions
14. Housing Options for Students Today (HOST)
15. InterAct of Wake (Family Violence Prevention Center)
16. Oak City Cares
17. Passage Home Inc
18. Raleigh Housing Authority
19. Salvation Army of Wake County
20. St. John's Metropolitan Community Church / The Bryant Center
21. The Caring Place, Inc

**Commented [TA1]:** ROI did not have legal names - / attempted to get those represented here

**Commented [TA2]:** Since this covers not only HMIS but warm hand-offs and in person discussions like case conferencing, will contain non-HMIS participating entities

**Commented [TA2R2]:** @Eileen Rosa and @Katrina L Wayne Please review full list, keeping in mind that we want agencies that are NOT HMIS participating but need to share data/referrals via warm handoff

**Commented [TA3]:** Not HMIS participating, are we talking to them otherwise?

**Commented [TA4]:** Changed to ACORNS official name instead of RPD

**Commented [TA5]:** Currently no HMIS users, but used to partner/connect to CE with a RRH style program. Still active in CoC?

**Commented [TA6]:** Not on the ROI, but have a user in HMIS (who has entered data as recently as Tuesday): Housing Options for Students Today (HOST)? Anyone know them? It looks like they are a Bridge to Home program, but if there is a separate legal entity and NOT on the current ROI it is a BIG problem

**Commented [TA7]:** Programs in the system, but no users

**Commented [TA8]:** Need Bryant Center's official name then will change

- 22. The Green Chair Project
- 23. The Hope Center at Pullen
- 24. Triangle Family Services
- 25. Women's Center of Wake County
- 26. Urban Ministries of Wake County
- 27. Veterans Services of the Carolinas (a division of Asheville Buncombe Community Christian Ministry)
- 28. Volunteers of America
- 29. Wake County Housing Affordability & Community Revitalization
- 30. Wake County Housing Authority
- 31. WakeMed Health & Hospitals Homeless, Engaging, Assistance Resource Team (H.E.A.R.T.)

Commented [TA9]: No HMIS users

Whereby the above named agencies agree to share the following protected information recorded about their clients:

Commented [TA10]: copied from the current ROI, might need messaging

<u>Data</u>	<u>Data</u>
Name	Veteran Status
Sex	Services provided
Gender	Social Security number
Date of birth	Program Enrollments
Assessments	Non-Confidential Notes
Non-Confidential Files/Forms	Location
Contact Information	

Commented [TA11]: This in particular needs clarification.

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.
7. Additional organizations may be periodically added or removed from this agreement with unanimous approval by the existing sharing group. When the group is expanded, the existing visibility in HMIS must be manually extended to

the new organization and their participating programs. CoC staff will revise the client Release of Information to reflect the new organization's participation.

8. New programs (HMIS participating after the execution date of this agreement) from existing sharing partners may be extended the above sharing plan above following a review from HMIS Lead agency staff and approval from the Data Advisory Committee.
9. All entities listed above must immediately adopt and use the updated client Release of Information upon execution of a new sharing configuration.

**Commented [TA12]:** Created/expanded here from standard template. Please review language

**The Signatures Below Constitute Acceptance of the  
“Coordinated Services Agreement”**

1. **Program Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title of Authorized Signature: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. **Program Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title of Authorized Signature: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Address: \_\_\_\_\_

Name & Title of Authorized Signature: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Address: \_\_\_\_\_

Name & Title of Authorized Signature: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Address: \_\_\_\_\_

Name & Title of Authorized Signature: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Date

11. **Program Name:**  
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Address: \_\_\_\_\_

Name & Title of Authorized Signature: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date