

[Appendix B](#)

Documentation

Contained in this section are examples of required forms and documentation associated with the OPUS Energy Module Module.

OPUS Energy Assistance Forms

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USER POLICY, RESPONSIBILITY, & CODE OF ETHICS

For Oregon OPUS Data Collection System

USER POLICY

In order to meet the requirements of various Federal and state agencies, the Oregon OPUS data collection system is a collaborative statewide effort among helping agencies to document client-level needs and characteristics through a coordinated system that aggregates common information at the agency, community, and state levels

OPUS is a tool that can also assist agencies in focusing services and locating alternative resources to help homeless and low-income persons. Agency staff may use the Client information in the system to target services to the Client's needs.

OPUS is an entirely web-based system -- hosted on a central statewide server -- coordinated by the Oregon Housing and Community Services Department. The system is accessed via the Internet by provider sites offering shelter, housing, and supportive services to homeless and low-income individuals and families.

Participating Agencies shall have rights to the data pertaining to their clients that they directly enter into the OPUS.

All OPUS Users are required to be trained prior to using the system.

All OPUS Users are required to read, understand, and sign the *User Policy, Responsibility, & Code of Ethics* form prior to using OPUS.

All OPUS Users are required to have read and understand their Agency's Privacy Notice.

The Agency and Users understands that informed client consent is required before any basic identifying client information is searched, accessed or entered into OPUS.

Data Entry

Data necessary for the development of aggregate reports of services, including services needed, services provided, referrals and Client goals and outcomes should be entered to the greatest extent possible. However, all agencies are required to complete mandatory data fields identified in the OPUS system.

Restricted Information

Information, including progress notes and psychotherapy notes, about the diagnosis, treatment, or referrals related to a mental health disorder, drug or alcohol disorder, HIV, or AIDS, and domestic violence concerns shall **not** be shared with other Participating Agencies through OPUS. This information should also not be entered in any open notes sections in the Oregon Statewide OPUS system.

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USER RESPONSIBILITY

Your User ID and Password give you access and authority to use the OPUS system and creates an audit trail. Initial each item below to indicate your understanding and acceptance of the proper use of your User ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination of User privileges and you may be subject to further penalties.

Please initial each item below to indicate your acceptance and understanding of the user responsibilities below.

- _____ I have read and understand my Agency's Privacy Notice.
- _____ My User ID and Passwords must be kept secure and are not to be shared with anyone, including other staff members. I must take all reasonable means to keep my Password physically secure.
- _____ I understand that my access to OPUS is limited to my designated work site unless I am given expressed written consent of the Agency Administrator to access the system from other specified locations.
- _____ I understand that the only individuals who may view information in OPUS are authorized users who have received appropriate confidentiality training. OPUS users must respect the privacy and hold in confidence all information obtained in the course of their use of the system.
- _____ I may only view, obtain, disclose, or use information from OPUS that is necessary to perform my job.
- _____ Client information should be accessed only in order to retrieve, update, or report data relevant to a client requesting services from my agency.
- _____ If I am logged into OPUS and must leave the work area where the PC is located, I must log-off of the OPUS system or lock the PC before leaving the work area.
- _____ A PC that has OPUS open and running shall never be left unattended.
- _____ A PC that has OPUS open and running shall never be arranged so that unauthorized OPUS users may see the information on the screen.
- _____ I understand that failure to log off of OPUS appropriately may result in a breach in client confidentiality and system security.
- _____ Hard copies and downloads of information from OPUS onto a hard drive or disk must be kept secure to ensure that only appropriate agency staff has access.
- _____ When hard copies and downloads of OPUS Client information are no longer needed, they must be properly destroyed as described in your agency's policies.

**PRINT
NAME**

AGENCY

- _____ If I notice or suspect a security breach, I must immediately notify my Agency Administrator for OPUS and my Executive Director or the OPUS System Administrator.
- _____ I understand that I am responsible for reporting any system malfunctions or “bugs” that I notice or suspect to the Agency Administrator and other appropriate system support staff.
- _____ I understand that in the event that I am terminated or leave my employment with this agency, my access to OPUS will be deemed revoked. I covenant and agree not to attempt to access OPUS upon termination of my employment with this agency.

OPUS User Signature

Date

OPUS Agency/System Administrator Signature

Date

Agency Executive Director Signature

Date

PRINT
NAME _____

AGENCY _____

USER CODE OF ETHICS

- A. Oregon OPUS Users must treat Participating Agencies with respect, fairness and good faith.
- B. Each Oregon OPUS User shall maintain high standards of professional conduct in his/her capacity as an Oregon OPUS User.
- C. All Oregon OPUS Users shall endorse and maintain the client's rights related to privacy and confidentiality and shall adhere to the *OPUS Policy Notice to Consumers of Services*.
- D. The Oregon OPUS User has primary responsibility for his/her Client(s).
- E. The Oregon OPUS Users will not misrepresent its client base in the Oregon OPUS system by entering knowingly inaccurate information (i.e. User will not purposefully enter inaccurate information on a new record or to over-ride information entered by another agency.)
- F. Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in the Oregon OPUS system
- G. The User will not use the Oregon OPUS system with intent to defraud the federal, state, or local government or an individual entity; or to conduct any illegal activity.

I understand and agree to comply with all the statements listed above.

OPUS User Signature

Date

OPUS Agency/System Administrator Signature

Date

Agency Executive Director Signature

Date

[Energy Assistance Application Form](#)

The following is a step-by-step description of the information requested on the application form for energy assistance.

The following is a step-by-step description of the information requested on the authorization form (application) for energy assistance.

See Application Example on pages 322 and 323

- 1. Authorization Number:** Preprinted or computer generated number.
- 2. Applicant's Legal Name:** Print applicant's full legal name as listed on Social Security card.
- 3. Agency Name:** Print agency's name.
- 4. Program Type:** Mark program type.
- 5. Household type:** Circle household type (see reverse side of form for acronym list).

Client Information Section (*Begin with the applicant.*)

- 6. Name:** Print full legal name as listed on Social Security card for each member of the household.
- 7. Birth-date:** Enter date of birth for each household member (Month/Day/Year).
- 8. SSN/SYSID:** Enter the social security number for each household member.

(For LIHEAP a social security number is REQUIRED. For OEAP, it is strongly encouraged, but not required.)

In cases where issues inhibit applicants from providing a social security number, OPUS will issue a unique client identification number to assure non-duplication of services. **A reason for this exclusion must be noted.** Examples include:

- Unavailable to custodial guardian/parent
- Domestic Violence
- Children under the age of one.
- Adult applying for SSN with letter of SSN application

- 9. Social Security Number Code:** (*See SSN code on reverse side of the application.*)
- 10. Adult Identification Verified:** Select if adult household members' identification has been verified. If ID has not been verified the household member will not be counted for the purposes of benefit, however their income will be counted.

ALL DEMOGRAPHIC DATA MUST BE REQUESTED FOR EACH HOUSEHOLD MEMBER—
However, services will not be denied for refusal to provide demographic information.

- 11. Language:** Enter the applicable language acronym for each household member. (*See Language Code on the reverse side of the application.*)
- 12. Gender:** Enter gender code. (*See Gender Code on the reverse side of the application.*)
- 13. Ethnicity:** Enter ethnicity code. (*See Ethnicity Group Code on the reverse side of the application.*)
- 14. Race:** Enter the applicable race acronym for each household member. (*See Race Code on reverse side of application; select all race codes that apply.*)
- 15. Oregon Tribes:** Enter Oregon Tribes code. (*See Oregon Tribes codes on the reverse side of the application.*)
- 16. Education:** Enter the acronym of the highest level of education completed for all Household Members ages 23-60 years old. (*See Education Code on the reverse side of application.*)
- 17. Disability:** Enter disability code. (*See Disability Code on the reverse side of application.*)
- 18. Veteran:** Enter veteran code. (*See Veteran Code on the reverse side of application.*)

19. **Homebound:** Enter homebound code. *(See Homebound Code on the reverse side of application.)*
20. **Non-Cash Benefits:** Enter the non-cash benefit(s) code. *(See Non-Cash Benefits Code on the reverse side of application; select all non-cash benefits codes that apply.)*
21. **Phone:** Enter a primary telephone number for the household. When available enter secondary phone number(s).
22. **Mailing Address:** Enter the household's mailing address.
23. **Physical Address:** Enter the household's physical address. (Please note if different from the mailing address.) The physical address on the application must match the address on the utility bill/vendor receipt.
24. **Dwelling Type:** Circle the correct dwelling type.
25. **Residence Status:** Circle the correct residence type.
26. **Primary Heat:** Circle the correct heat type. Under "Primary Heat Type" indicate the letter beside your heat selection.
27. **Applicant's Legal Name:** Print applicant's full legal name as listed on Social Security card.
28. **Agency Name:** Print agency name.
29. **Reference:** Insert letter next to name which corresponds to the client *that is* employed. Enter employment information for all household members 18 and over who are employed.
Employment: Name of employer, address city, state, zip and phone number. Do not use P.O. boxes, use actual work location address. *(This information may not be required at each agency. Staff should verify policies with local agency coordinator).*
30. **Income Source/Income Reported:** Insert letter that corresponds to the client who receives income. Enter specific income source. *(See Income Reported codes on the reverse side of the application.)*
31. **Income Type:** Enter income type code. *(See Income Type codes on the reverse side of the application.)*
32. **Income Verification:** Enter income verification code from the reverse side of the application. *Required documentation may vary across agencies. Staff should verify guidelines and policies with their local energy assistance coordinator.*
33. **Comments:** Any and all special circumstances must be documented.
34. **Calculating Income:** Determination of income is based on all household income before any deductions (this is known as gross income). Income must be calculated using data from one of the following three time periods: one (1) month, three (3) months, or twelve (12) months. Count past income, do not project forward. These time periods also apply to applicants who are self-employed.
Amount: Household income is based on verification. If the household has more than one employer, list each individually and then total the income in the Annual Amount column.
Frequency: At a minimum, verification must be collected for at least one month of income, but may be collected for the quarter or year. Do not "round" or average the household's income. Income verification timelines may vary across agencies. Staff should verify policies and procedures with their local agency.
Annual amount: Total calculated income for the year (i.e. monthly amount multiplied by twelve (12) for annual income, Quarterly amount multiplied by four for annual income).
NOTE: Income that exchanges hands within a household is not counted.
Recertification: Household must be income certified a minimum of once per program year. Local agencies may require recertification more often. However, recertification policies must be applied consistently across all households. Income certification can be used across both LIHEAP/OEAP program within the same program year.

- 35. Program Payment Type:** Circle the correct payment type out of the following options:
- Regular (Standard)
 - Roomer/Boarder
 - Special
 - Fuel
 - Crisis
 - Combo
 - Furnace
 - Subsidized
 - Supplemental
 - Health & Safety
 - Other
- 36. Service Code:** Circle the utility account status at the time of application. *For “Bulk Fuels” (Oil, Wood, Pellets, and Propane):* If an applicant has an inadequate supply of bulk fuel, the “Bulk Fuel” option should be selected. If they are out of fuel, the “Bulk Fuel Out” option should be selected.
- Please note:** This is a change from previous years. The “Disconnected” option should only be used when utility service is actually disconnected.
- Current
 - Past Due
 - Shutoff within 1-5 days
 - Shutoff within 0-24 hours
 - Disconnected
 - Bulk Fuel
 - Bulk Fuel Out
- 37. Energy Education:** Circle the appropriate response.
- 38. Intake Date:**
- **In-person interview:** This is the date the interview process takes place.
 - **Mailouts:** This is the date the application is received and or completed by the local agency
- 39. Referral to Weatherization:** Check box if applicant is referred to Weatherization.
- 40. Referral to Non-Energy Service:** Check box if applicant is referred for Non-Energy Service. (examples include: prescription assistance, rental assistance, food box, etc.)
- 41. Energy Advocacy:** Check box if applicant is provided Energy Advocacy. (examples include: assisting with payment plan, arrearage forgiveness, medical certification)
- 42. Vendor/Heating Company:** List each vendor separately. Always list the primary vendor first.
- 43. Account Number:** Account number on the most recent vendor/ utility bill.
- 44. Name on Account:** The utility/vendor account holder must be the applicant or an adult member of the household.
- Every effort should be made to place the applicant or an adult household member on the utility bill/account.* In cases where this is not feasible, justification must be well documented. Examples include:
- Domestic Violence/Safety Concerns
 - Military Deployment of the Account Holder
 - “Payee” or “Power of Attorney” Arrangement
 - Incarcerated Account Holder
- An account holder signature is necessary to obtain any information from a utility (regardless of circumstances noted above).
- 45. Account Status:** Enter the status of the account.

- 46. Authorized Amount:** The calculated energy assistance benefit amount for the household.
- 47. Vendor Amount:** The benefit amount committed and paid to each vendor.
- 48. Payment Comment Box:** This section must be used to describe special circumstances. This includes, but is not limited to:
- Direct Payments
 - Reason for denial or void
 - Justification for Crisis Payment or Combo payment
 - Justification for Crisis Benefit Amount (particularly when the benefit exceeds documented need or may result in a credit on a utility/vendor account.
 - Special Payment
- 49. Direct Pay (For LIHEAP only.):** Used when the applicant household is receiving all or part of the LIHEAP benefit amount. Insert the authorized amount to be paid directly to the client. *Direct Pays should be avoided wherever possible. The comment box must state the reason that the authorized amount is being paid directly to the client.*
- 50. Payment Fuel Type:** Enter fuel type payment if energy assistance benefit was applied to alternate energy source.
- 51. Program Type:** Select the appropriate program type.
- 52. Approved/Denial:** Mark approved or denial box.
- 53. Utility Release:** If any information is needed from the utility, the account holder must sign the utility release.
- 54. Signatures:** The applicant signs and dates the application after they have reviewed the information and have read the applicant disclaimer. The applicant must also identify if they are 1) the account holder, 2) the applicant, and/or 3) an authorized representative and circle the correct response(s). The intake worker then signs and dates the application; a copy of the application must be provided to the client upon request.

Authorization #: **1** Applicant Legal Name: **2** _____ Agency: **3** _____
 (Last, First)
4 LIHEAP OEAP OTHER Revised: 2012.09.06
5 Circle One Household Type: M S SPM SPF EXF 2P COH Acronym Code List - See Reverse Side of Form

**OREGON HOUSING AND COMMUNITY SERVICES
 ENERGY ASSISTANCE PROGRAM AUTHORIZATION FORM**

Ref.	Legal Name	Total Number in Household:													
		Birthdate	SSN/SYSID	SSN Code	Male/D Verified	Language	Gender	Ethnicity	Race (see codes on reverse side)	OR Title	Education	Disabled	Veteran	Homebound	Non-Cash Benefits
A	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
B															
C															
D															
E															
F															
G															
H															

Does legal name match utility bill? Yes No If no, please explain why?

PHONE

HOME Phone is the SAME for entire Household (except as ref at right side)
 HOME Phone: **21** _____

Ref.	Home Phone #	Home	Work	Message	Cell	Fax	VM	Pager

MAILING ADDRESS: Mailing Address is the same for all Clients in Household

Mailing is SAME AS Physical Address (Except where noted below)

Street Address: **22** _____ PO Box #: _____ Apt. or Space #: _____
 City: _____ State: _____ Zip: _____ County: _____

PHYSICAL ADDRESS: Only if different than Mailing Address (written below)

Street Address: **23** _____ Apt. or Space #: _____
 City: _____ State: _____ Zip: _____ County: _____

HH Comments:

Type of Dwelling (Circle below): H Single Family House A Manufactured Home M Multi-Unit (2-4) E Hotel / Motel U Multi-Unit (Over 4) T Travel Trailer R Other	Residence Status (Circle below): R Rent (Heat not included) E Rent (Heat included) O Own S Subsidized Housing with Utility Allowance (Heat not included) U Subsidized Housing (Heat included) W Subsidized Housing without Utility Allowance	Type of Heat (Circle below): 26 E Electric W Wood N Natural Gas P Pellet O Oil S Solar L Propane/Liquid Gas Primary Heat Type: _____ Enter value from list above
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Please Note: All previous editions of this form are obsolete.

Authorization #: **1** Applicant Legal Name: **27** (Last, First) Agency: **28**

Ref. 29	Employer	Address	City	State	Zip	Phone
Ref. 30	Income Source / Income Reported	Type	Income Verification	Comments	Amount	FREQ
Ref. 31		31	32	33	34	34
Ref. 35						
Ref. 36						
Ref. 37						
Ref. 38						
Ref. 39						
Ref. 40						
Ref. 41						
Ref. 42						
Ref. 43						
Ref. 44						
Ref. 45						
Ref. 46						
Ref. 47						
Ref. 48						
Ref. 49						
Ref. 50						
Ref. 51						
Ref. 52						

Circle Type(s):
 1. Regular
 2. Rmr/Bdr
 3. Special
 4. Fuel
 5. Crisis
 6. Combo
 7. Furnace
 8. Subsidized
 9. Supplemental
 10. Other
 11. H & S

Account Status: 1. Intake 2. In-Home 3. Workshop 38 Intake Date:
 39 Referral for Weatherization 40 Non-Energy Service 41 Energy Advocacy
 Vendor: 42 Account No: 43 Name on Account: 44 Account Status: 45
 Total Annual Income: 34
 Authorized Amount: 46
 Vendor Amount: 47
 Vendor Amount: 48
 Direct Pay Amount: 49
 Payment Fuel Type: 50

LIHEAP OEAP Other Approved Denied **52**
 I authorize _____ (utility or vendor name) to release my utility account information to **53** _____ (agency name) for the purpose of providing energy assistance services for the current program year (10/1 to 9/30).

Signature of account holder, applicant, or authorized representative (circle one) _____ Date _____
54 _____
 Signature of account holder, applicant, or authorized representative (circle one) _____ Date _____

Intake Worker Signature: _____ Date _____
Agency Certification: The above named applicant has met the income eligibility requirements for the State of Oregon Low Income Home Energy Assistance Program and is authorized to receive assistance in the amount above.

Authorizing Agency Signature: _____ Date _____
 Data Entry: _____ Date _____

The information you provide will be used to determine if you are eligible for an energy assistance payment. This program is voluntary. If you choose to apply for assistance, you must give all required information. During application processing we may need to ask you for more information in order to determine your eligibility.

APPLICANT DISCLAIMER AND RELEASE:
 I understand that the information I provide to complete this application will be used to determine and verify my eligibility for energy assistance. I understand that if I feel my application was unjustly denied or not processed in a timely manner, I may be entitled to a fair hearing if requested within 30 days of the completed date of the application or date of denial. If I feel I have been discriminated against by the local service provider, I may appeal to Oregon Housing and Community Services (OHCS).

I declare, under penalty of perjury, that the information I provided for this application is true, correct, and that any funds received by me will be used solely for the purpose of paying my energy costs.

My signature gives consent for offices of the state and federal governments, their designated subcontractors, and the utility(ies) or home energy supplier(s) to share information, including information about my account. This application is valid from October 1 through September 30 of the current program year.

Please Note:
 If no information is needed from the utility, the applicant or authorized representative may apply on behalf of the household.
 If any information is needed from the utility, the account holder must authorize the utility to release the information (see below).

Acronym Code List

Acronym Codes - Extracted from reverse side of the Weatherization Application form.

SOCIAL SECURITY NUMBER CODE

Full Full Social Security Number/Sys ID
DK Don't Know or Don't Have
RF Refused

LANGUAGE

AM American Sign
AR Arabic
C Chinese
E English
F Farsi
H Hmong
J Japanese
K Khmer
KO Korean
LA Laotian
M Mien
MA Mayan Group
O Other
R Russian
RU Romanian
S Spanish
V Vietnamese
DK Don't Know
RF Refused

GENDER

F Female
M Male
O Other
DK Don't Know
RF Refused

ETHNICITY

NH Non-Hispanic/Non-Latino
H Hispanic/Latino
DK Don't Know
RF Refused

RACE

AA African-American
AS Asian
AI American Indian/Alaska Native
NH/PI Native Hawaiian/Pacific Islander
WH White
DK Don't Know
RF Refused

DISABLED

N No
Y Yes
DK Don't Know
RF Refused

OREGON TRIBES

BP Burns Paiute Tribe
CO Coquille Tribe
CC Cow Creek Band of Umpqua Indians
CTC Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians
CTU Confederated Tribes of the Umatilla Indians
GR Confederated Tribes of Grande Ronde
KT Klamath Tribes
S Confederated Tribes of Siletz
WS Confederated Tribes of Warm Springs
OT Other Oregon Tribes
MT Multiple Oregon Tribes
DK Don't Know
RF Refused

EDUCATION

NO No Schooling Completed
PK Preschool
K Kindergarten
1 1st Grade
2 2nd Grade
3 3rd Grade
4 4th Grade
5 5th Grade
6 6th Grade
7 7th Grade
8 8th Grade
9 9th Grade
10 10th Grade
11 11th Grade
12 12th Grade – No Diploma
GED GED
HSD High School Diploma
HSN High School No Diploma
HS Head Start
PS Post Secondary – No Degree
AA Associates Degree
BA Bachelor's Degree
MA Master's Degree
PHD Doctorate Degree
OPD Other Grad/Professional Degree
ATC Advanced training Certificate
SAC Skilled Artisan Certificate
DK Don't Know
RF Refused

Income Frequency

E Every other Week
M Monthly
O One Time
Q Quarterly
T Twice-A-Month
W Weekly
Y Yearly

VETERAN

N No
Y Yes
DK Don't Know
RF Refused

HOMEBOUND

N No
Y Yes
DK Don't Know
RF Refused

HOUSEHOLD TYPE

M Married No Children
S Single
SPM Single Parent Male
SPF Single Parent Female
EXF Extended Family
2P Two Parent
COH Co-Habitants

Income Verification

AL Award Letter
BS Bank Statement
CM Case Mgr/Worker
CPS Check Pay Stub
CD Court Docs
FMP Fax/Mail/Postcard
FSRN FSRN
FSUP FSUP Verified
G Grant
HI Historical Increase
MI Misc. Income
P Phone
PF Previous File
SA State Agency
SD Self-Declaration
SEWS Self-Employment WS
S Student
SWS Student WS
TANF TANF Information
TXF Tax Forms W2 1099
UED Unemployment Documents
UM Update Mail Out
WP Wage Printout
OM Other Method
VP Verification Pending

Income Reported

N No
Y Yes
ZIS Zero Income Statement
DK Don't Know
RF Refused

NON-CASH BENEFITS

SNAP Supplemental Nutritional Assistance Program
OHP Oregon Health Plan
MCARE Medicare Health Insurance Program
WIC Special Supplemental Nutrition Program for Women, Infants and Children
VAMS Veteran's Administration Medical Services
TNFC TTANF Child Care Services
TNFT TANF Transportation Service
TNFO OTHER TANF-Funded Services
PRA Section 8, Public Housing, or Other Ongoing Rental Assistance
OHI Other Health Insurance
OS Other Source
TRA Temporary Rental Assistance
NONE Receiving No Non-Cash Benefits
DK Don't Know
RF Refused

Income Type

AD Adoption
AL Alimony or other Spousal Support
AN Annuities
CG Cash Grant
CS Child Support
DB Death Benefit
E Education
FC Foster Care
GA General Assistance
GT General Assistance Tribal
IN Private Disability Insurance
I Interest
OS Other Source
PP Private Pension
PS Property Sale
SS Social Security Income
SSI Supplemental Security Income
SSDI Social Security Disability Income
SE Self-Employment
TANF Temporary Assistance for Needy Families
TF Trust Fund
U Unemployment Insurance
VDP Veteran's Disability Payment
VP Veteran's Pension
W Wages
WC Workers Compensation

OPUS Privacy Posting/Notice



**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

PLEASE READ IT CAREFULLY.

Effective Date: _____

Our Duty to Safeguard Your Protected Information

(Agency Name) collects information about who accesses our services. When we meet with you we will ask you for information about you and your family and enter it into a computer program called OPUS. OPUS is used by other helping agencies throughout the state that provide services to homeless and low-income persons. We are required to protect the privacy of your identifying information and to provide you a copy upon request of the *Privacy Notice to Consumers of Services* that explains in greater detail how, when, and why we may use or disclose any information you may give us.

We are also required to follow the privacy practices described in this Notice, although Oregon Housing and Community Services reserves the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the new notice from any OPUS Agency.

How We May Use and Disclose Your Information

OPUS partner agencies will use disclosed information, as appropriate, to process and administer requests for assistance. OPUS partner agencies may share limited information about the people they serve with other OPUS partners working to provide services. This information is used to improve and coordinate services to your household and reduce the number of forms you will need to complete at participating agencies.

We use and disclose collective information for a variety of reports. We have a limited right to include some of your information for reports on homelessness and low-income households and services needed by those populations. Information that could be used to tell who you are will never be used for these reports. We will not turn your personal identifying information over to a national database. Please review the *Privacy Notice to Consumers of Services* for details.

Your Rights Regarding Your Information

- You have the right to have corrections and supplementation's made to your record.
- You have the right to request a copy of the *Privacy Notice to Consumers of Services*.

Updated 07/08/05

OPUS Data Collection System

Privacy Notice to Consumers of Services

THIS NOTICE DESCRIBES HOW PRIVACY INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**
THE PRIVACY OF YOUR PERSONAL INFORMATION IS IMPORTANT TO US.

OPUS Data Collection System Recommended Privacy Notice

OPUS was developed to meet a data collection requirement made by the United States Congress to the Department of Housing and Urban Development (HUD) and the Department of Health and Human Services (HHS). Congress passed these requirement in order to get a more accurate count of individuals who are homeless or low-income and to identify the need for and use of different services by those individuals and families. We are working to assist the State of Oregon in meeting the goal set by Congress by collecting statistical information on those who use our services and report that information to a central data collection system.

We will use the information you provide to process and administer your application for assistance. Many agencies in this area also use OPUS. The information you provide to us may be shared with other OPUS participating agencies. The information we collect and share includes: basic identifying demographic data (e.g., name, address, birth date, phone number, SSN, ethnic origin, familial status, financial data), the nature of your situation, and the services and referrals you receive from our agency.

Sharing information with OPUS and other agencies helps us to better understand the number of individuals who need services from more than one agency. This may help us to meet your needs and the needs of others in our community by allowing us to develop new and/or more efficient programs. Sharing information through OPUS can also help us make referrals more easily, often with less paperwork for you.

Maintaining the privacy and safety of those using our services is very important to us. Information gathered about you is personal and private. We collect information only when appropriate to provide services, ensure compliance with assistance requirements, manage our organization, or as required by law. Within the limits of the law, your record of services received will only be shared through OPUS with funding agencies including Oregon Housing and Community Services who administers the OPUS database.

CONFIDENTIALITY RIGHTS

This agency has a confidentiality policy that has been approved by those with authority to do so. This policy follows all HUD and HIPAA (Health Insurance Portability and Accountability Act) confidentiality regulations that are applicable to this agency, including those covering programs that receive HUD funding for homeless services (Federal Register/Vol. 69, No. 146 – Emergency Shelter Grant, Supportive Housing Continuum of Care, Home TBA, ...*List Programs*), and those covered under the HIPAA privacy and security rules which govern confidential health information such as the diagnosis, treatment, of a mental health disorder, a drug or alcohol disorder, an AIDS/HIV condition or a domestic violence situation (*List Programs*).

Records about substance abuse, physical and mental health, HIV, and domestic violence will not be shared through OPUS.

This agency generally is restricted to using or disclosing personal information from OPUS to the following circumstances:

- To provide or coordinate services to an individual,
- For functions related to payment or reimbursement for services.
- To carry out administrative functions including but not limited to legal, audit, personnel, planning, oversight and management functions;
- Databases used for research, where all identifying information has been removed.
- Contractual research where privacy conditions are met.
- Where a disclosure is required by law and disclosure complies with and is limited to the requirements of the law. Instances where this might occur are during a medical emergency, to report a crime against staff of the agency, or to avert a serious threat to health or safety.

YOUR INFORMATION RIGHTS

As a client receiving services at this agency, you have the following rights:

- ***Correction of your record.*** You have the right to request to have your record corrected so that information is up-to-date and accurate to ensure fairness in its use.
- ***Agency's right to refuse inspection of an individual record.*** Our agency may deny you the right to inspect or copy your personal information for the following reasons: (1) information is compiled in reasonable anticipation of litigation or comparable proceedings; (2) information about another individual other than the agency staff would be disclosed; (3) information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the source of the information; (4) information, the disclosure of which, would be reasonably likely to endanger the life or physical safety of any individual; or (5) this disclosure of information is otherwise limited by law.
- ***Harassment.*** The agency reserves the right to reject repeated or harassing requests for access or correction. However, if the agency denies your request for access or correction, you will be provided written documentation regarding your request and the reason for denial. A copy of that documentation will also be included in your client record.
- ***Grievance.*** You have the right to be heard if you feel that your confidentiality rights have been violated, if you have been denied access to your personal records, or you have been put at personal risk, or harmed. Our agency has established a formal grievance process for you to use in such a circumstance.

HOW YOUR INFORMATION WILL BE KEPT SECURE

Protecting the safety and privacy of individuals receiving services and the confidentiality of their records is of paramount importance to us. Through training, policies and procedures, and software we have done several things to make sure your information is kept safe and secure:

- OPUS uses multiple security protections to prevent unauthorized access.
- Only trained and authorized individuals are intended to enter or view your personal information.

- Your name and other identifying information will not be contained in OPUS reports that are issued to local, state, or national agencies.
- Employees and volunteers receive training in privacy protection and agree to follow strict confidentiality standards before using the system.
- The server/database/software is designed to only allow authorized individuals access to the information.
- The server/database only sends encrypted data – an Internet technology intended to keep information private while it is transported back and forth across the Internet. Furthermore, identifying data stored on the server is also encrypted or coded so that it cannot be recognized.
- The server/database exists behind a firewall – a device meant to keep hackers/viruses/etc. away from the server.
- The main database will be kept physically secure, meaning that it is designed so that only authorized personnel should have access to the server / database.
- Database administrators support the daily operation of the database. Administration of the database is governed by agreements that limit the use of personal information to providing administrative support and generating reports using aggregated information. These agreements further insure the confidentiality of your personal information.

WHAT IS INFORMED CONSENT?

- Confidential information about you and confidential services provided to you cannot be given to anyone other than permitted by law without your giving informed consent. In order to be able to give informed consent:
- You should be told about the benefits, risks, and available alternatives to sharing your information (KNOWLEDGE).
- You should be able to reasonably understand this information including the potential risks, benefits, options, and consequences (UNDERSTANDING).
- You should not be forced or pressured into a decision. The choice you make should be your decision (VOLUNTARY).

BENEFITS OF OPUS AND AGENCY INFORMATION SHARING

Information you provide us can play an important role in our ability and the ability of other agencies to continue to provide the services that you and others in our community are requesting.

Allowing us to share your basic identifying demographic data, even in the absence of other information, results in a more accurate count of individuals and the services they use. The security system is designed to create a code that will help protect your identity on the system. A more accurate count is important because it can help us and other agencies:

- Better demonstrate the need for services and the specific types of assistance needed in our area.
- Obtain more money and other resources to provide services.
- Plan and deliver quality services to you and your family.
- Assist the agency to improve its work with families and individuals who are in need.
- Keep required statistics for state and federal funders (such as HUD and HHS).

- Promote coordination of services so your needs are better met.
- Make referrals easier by reducing paperwork.
- Avoid having to repeat as much information to get assistance from other agencies.

RISKS IN SHARING INFORMATION

- While the OPUS system has multiple security layers in place and was designed to promote better services for those who are in need, there are risks you should consider before accepting services:
- Could there be physical harm or other negative consequences to you or members of your family if someone within an OPUS participating agency knew that they could find you from the information shared with other participating OPUS agencies?
- Could there be physical harm or other negative consequences to you or members of your family if someone within an OPUS participating agency found out you sought help, particularly if you or your children have experienced domestic violence, sexual assault, stalking, or child abuse?
- Are there others who may work or volunteer at other OPUS participating agencies who you may not want to have access to your information or to know you are seeking services?

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your private personal information within the limits of that law. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your private personal information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect immediately, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all private personal information that we maintain, including private personal information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us. Notwithstanding the foregoing, the Agency makes no warranties, expressed or implied, with respect to the confidentiality of personal information.

PRIVACY NOTICE AMENDMENTS: The policies covered under this Privacy Notice may be amended over time and those amendments may affect information obtained by the agency before the date of the change. All amendments to the Privacy Notice must be consistent with the requirements of the Federal Standards that protect the privacy of consumers and guide OPUS implementation and operation.

