www.hhccny.o
hhc@unitedway-cny.o
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🐦 hhcofcr

Client Audit Form

This form is used to request information about who has viewed your information in HMIS. You need to provide us with either your date of birth or social security number so that we can identify the correct record in the computer system.

Client Name* _____

Date of Birth* __/___/____ **OR Social Security Number***_____-_____-_____

Reason for request

_____

Dates requested*_____to_____

Information requested*:

☐ Client record
☐ User View/Edit Record (A sample report is attached to this document)

Notes_____

_____

Contact information:

Email_____

Mailing
Address_____

_____

_____

E-mail this form to housingandhomelesscoalition@gmail.com

Or mail it to

Housing and Homeless Coalition, 980 James Street, Syracuse NY 13203

HHC use only: HHC Staff Person receiving request_____

Date forms mailed_____ Time taken to complete_____

Sample User View/Edit Report

Users viewing records for client <u>12345</u> Baggins, Frodo from 1/1/1990 to 1/31/1990

User	Agency	Dates Viewed
Gamgee, Samwise	Shire Food Pantry	1/1/1990-1/8/1990
Brandybuck, Merry	Shire Supportive housing	1/15/1990-1/31/1990
Took, Peregrine	Brandywine Emergency Shelter	1/1/1990-1/31/1990

Users editing records for client <u>12345</u> Baggins, Frodo from 1/1/1990 to 1/31/1990

User	Agency	Records Created	Date records created
Grey, Gandalf	Middle Earth Housing Coalition	Intake form, Case notes	1/30/1990
Man, Saru	Brandywine Emergency Shelter	Shelter Stays	1/1/1990