



St. Charles, Lincoln, & Warren
Continuum of Care

Homeless management information system (HMIS)
PRIVACY ACKNOWLEDGEMENT
Employees/Volunteers/Vendors

Organization Name

ACKNOWLEDGEMENT OF HMIS PRIVACY NOTICE

I, _____, hereby acknowledge that I
have received, read, and pledge to comply with the Homeless Management Information System
(HMIS) Privacy Notice.

Name

Date

Signature

Title/Affiliation/Role