

**Homeless Management Information System (HMIS)
Client Informed Consent & Release of Information Authorization**

I, (print consumer's name) _____, understand that (Service Provider) _____ collected information about me and/or dependents listed below to enter it into a database system called Homeless Management Information System (HMIS). This database helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless. Participation in data collection and release, although optional, is a critical component of our community's ability to provide the most effective services and housing possible. The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth by federal, state, and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information.

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

The information gathered and prepared by this agency will be included in a HMIS database of participating agencies (list available), and only to participating agencies, who have entered into an Inter-Agency HMIS Data Sharing Agreement and shall be used to:

- a. Produce a client profile at intake that will be shared by collaborating agencies
- b. Produce anonymous, aggregate-level reports regarding use of services
- c. Track individual program-level outcomes
- d. Identify unfilled service needs and plan for the provision of new services
- e. Allocate resources among agencies engaged in the provision of new services
- f. Disclose if required by court order or as required by law

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize the participating agencies and their representatives to share basic information regarding my family members listed below and/or me. I understand that this information is for the purpose of assessing my/our needs for housing, utility assistance, food, counseling and/or other services.

The information may consist of the following Protected Identifying Information (PII):

- Name
- Date of Birth
- Social Security Number
- Gender
- Ethnicity & Race
- Program entry date
- Program exit date
- Income and Non-Cash benefits information
- Housing information
- VI-SPDAT
- Residence prior to project entry
- Homeless history
- Zip Codes of last permanent address
- Family composition
- Employment status
- Veteran Status
- HIV/AIDS
- Domestic Violence
- Mental Health
- Disabling condition
- Alcohol & drug
- Legal history
- Photo (if applicable)

I UNDERSTAND THAT:

- Use of my likeness in a photograph will be viewable by other participating agencies and may be cropped or edited, as needed. I waive the right to approve or inspect the finished photograph.
- The participating agencies have signed agreements to maintain confidentiality regarding my information.
- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations, law, or court order.

- Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing & Urban Development may see my information.
- People using HMIS information to write reports may see my information. Researchers must sign an agreement to protect my privacy before seeing HMIS data. My private information will never appear in research reports.
- This authorization will remain in effect until I revoke it in writing, and I may revoke authorization by signing a “Revocation of Consent to Release Information form”, but that cancellation will not be retroactive.
- Additionally, I understand that participation in data collection is optional, and I may choose not to participate.
- This release is valid for three (3) years from the date of my signature below.
- I also understand that I may withdraw my consent at any time.
- I understand that my personal information will not be made public and will only be used with strict confidentiality.

Participating agencies: A list of the participating agencies within the NorCal/Dos Rios Homeless Continuum of Care Homeless Management Information System may be viewed prior to signing this form.

List all Dependent children under 18 in household, if any (first and last names):

| | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

Please initial one of the following levels of consent:

_____ I give authorization for mine and my dependents listed above, protected personal and relevant information **to be entered into HMIS and shared between participating agencies.**

OR

_____ I give authorization for mine and my dependents listed above, protected personal and relevant information **to be entered into HMIS, but NOT shared between participating agencies.**

OR

_____ I do not consent to the inclusion of personal information in HMIS about me and my dependents listed above.

Consumer’s Signature

Date