



Homeless Management Information System

Client Informed Consent & Release of Information Authorization

I, (print consumer's name) _____, understand that _____ collected information about me and/or dependents listed below to enter it into a database system called the Homeless Management Information System (HMIS).

This database helps providers better understand homelessness, improve service delivery to the homeless, and evaluate the effectiveness of services provided to the homeless. Participation in data collection and release, although optional, is a critical component of the 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 Intra-Agency HMIS Data Sharing Agreement and shall be used to:

- Produce a client profile at intake that will be shared by collaborating agencies
- Produce anonymous, aggregate-level reports regarding use of services
- Track individual program-level outcomes
- Identify unfilled service needs and plan for the provision of new services
- Allocate resources among agencies engaged in the provision of new services
- Disclosed 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 | • Employment Status | • Substance Use |
| • Date of Birth | • Homeless History | • Veteran Status |
| • Social Security Number | • Residence Prior to Project Entry | • HIV/AIDS |
| • Gender | • Domestic Violence | • Program Entry Date |
| • Ethnicity & Race | • Legal History | • Program Exit Date |
| • Family Composition | • Mental Health | |
| • Disabling Condition | | |

I UNDERSTAND THAT:

- Information I give concerning physical or mental health problems will not be shared with other participating agencies in any way that identifies me.
- 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.
- If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the participating agencies. 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".
- My records are protected by federal, state, and local regulations governing confidentiality 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.
- 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 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 Tehama County Continuum of Care Homeless Management Information System (HMIS) 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 DO consent to the sharing of personal information collected about me, and any dependents listed below, with agencies that participate in HMIS. I understand that my personal information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time.

OR

_____ I DO NOT consent to my information being shared with outside agencies. I understand that any information I provide to this agency will be entered into the HMIS, but that if I refuse consent by signing below, information regarding my current situation and the services I receive from this agency will not be shared with other agencies. I recognize that my information will still be viewable by staff at this agency and the HMIS/CES Administrator(s).

Consumer's Signature

Date