

**Commission on Homelessness for Volusia and Flagler Counties
CLIENT CONSENT FOR HMIS DATA SHARING**

I, _____, understand and acknowledge that the
 Print client name
 _____ will be sharing data in the Homeless
 Print name of agency

Management Information System (HMIS), with the following agency **Volusia Flagler County Coalition for the Homeless (HMIS Lead Agency) / HUD, and other HMIS participating agencies in a closed database.**

I give my permission and authorize the sharing of information and records on the services provided to me between these participating agencies. The information shared by these agencies will be included in the HMIS database and will be used by these agencies to:

- Provide individual case management
- Produce aggregate-level reports regarding total services provided
- Track program-level outcomes
- Identify unfilled service needs in Volusia and Flagler counties
- Plan for new services in Volusia and Flagler counties
- Allocate resources among agencies that provide services to the homeless

I understand and agree to the following sharing of information by my initials:

- _____ Census information (name, birth date, gender, race, social security number, residential information, phone number and family information.
- _____ Financial information (income verification, public assistance payments and allowances, food stamp allotments etc.)
- _____ Medical information related to treatment that I am seeking and receiving, (including psychological records and evaluations, vocational assessment, care coordinators recommendations and direct observations and employment status etc.)
 - _____ HIV/AIDS diagnosis
 - _____ Mental health diagnosis, treatment plan, progress in treatment, discharge
 - _____ Substance abuse diagnoses, treatment plan, progress in treatment, discharge

I understand that I have the right to make a written request for information in the Coalition for the Homeless HMIS relating to the provision of services to me.

I understand that this release can be revoked by me in writing at any time and that the revocation must be signed and dated by me. I understand that these agencies may already have taken action in reliance upon prior consent. This consent will remain valid for one year from the date signed.

I understand that 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 required or permitted by law. Additionally, I understand that participation in the HMIS data sharing is optional and that I may be able to access service for which I am eligible if I choose not to participate in HMIS data sharing.

I have had this form read or explained to me as needed.

Client signature

Date

Witness signature

Date

HMIS Participating Agencies (updated December 2019)

Catholic Charities - St. Augustine
Catholic Charities of Central Florida / First Step Shelter
City of New Smyrna Beach
Clear Health Alliance
Community Life Center
Family Renew Community
Flagler Cares
Halifax Urban Ministries
Healthy Start of Flagler and Volusia Counties
Neighborhood Center of West Volusia
New Hope Human Services
New Smyrna Beach Housing Authority
Salvation Army
Stewart Marchman Act
VCan2020
Volusia County Government
Volusia Flagler County Coalition for the Homeless