

Consent to Release of Information

Participation in the Homeless Management Information System (HMIS) program is important to our community's ability to provide you with the best services and housing possible. As you receive services, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve.

I have requested housing and/or services at [name of agency], and I authorize them to share my information through the HMIS. I understand that the Vallejo/Solano Continuum of Care HMIS is a shared database designed to help member agencies more effectively serve their clients, and that my information will be shared with the following Partner Agencies and other agencies that join the Continuum of Care:

Anka Behavioral Health  
Berkeley Food & Housing Project  
Caminar, Inc.  
Children in Need of Hugs  
Community Action North Bay  
Fighting Back Partnership  
Heather House

LUHAD  
Mission Solano  
A Place 2 Live  
Reynaissance Family Center  
Solano County Health & Social Services  
Vallejo Lord's Fellowship  
Vacaville Social Services

*Note:* HMIS is a county-wide confidential database. Only licensed users from the above agencies and other agencies that join the Continuum have access to my information.

I authorize my basic and relevant information to be entered into the HMIS and shared between the Partner Agencies. I understand that I have the right to receive a copy of all of my information that is shared between the Partner Agencies.

This consent to release information becomes effective on \_\_\_\_\_ and may be revoked by the undersigned at any time except to the extent that action has already been taken. If not revoked, it shall terminate at the end of two years.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Case Manager

I am the Parent/Guardian of the following minor children; this release pertains to information about them as well:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Consent to Release of Information to Agencies NOT Participating in the HMIS**

I, \_\_\_\_\_ authorize [name of agency] to release the following information about me:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to the following agency:

\_\_\_\_\_

This consent to release information may be revoked by the undersigned at any time except to the extent that action has already been taken. If not revoked, it shall terminate at the end of six months.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Case Manager

**Consent to Release of Information to Agencies NOT Participating in the HMIS**

I, \_\_\_\_\_ authorize [name of agency] to release the following information about me:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to the following agency:

\_\_\_\_\_

This consent to release information may be revoked by the undersigned at any time except to the extent that action has already been taken. If not revoked, it shall terminate at the end of six months.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Case Manager