

Consent to Release of Information Homeless Management Information System

PURPOSE

The Homeless Management Information System (HMIS) is a database that collects information about you for purposes of providing the best service to you. As you enroll in programs, receive program services, and successfully exit our programs, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve.

HMIS is a county-wide confidential database. Licensed users from the agencies listed below and will have access to your information. In addition, new agencies that join the Continuum of Care will have access to your information only after they agree to the confidentiality provisions of the HMIS agreement and receive training to properly utilize the HMIS database.

Information collected through HMIS will not be released to unauthorized persons or organizations without your consent unless subject to a lawful information request.

CLIENT RELEASE

I, _____, have requested housing and/or services at _____ 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:

Berkeley Food & Housing Project
Caminar
City of Fairfield Homeless Outreach
City of Vallejo Housing Authority
Community Action North Bay
Edge Community Church
House of Purpose
Lutheran Social Services

Mission Samoa
Resource Connect Solano
Shelter, Inc.
Solano County Health & Social Services
Solano Dream Center
VA of Northern California
Vacaville Social Services
Veterans Resource Centers of America

I understand that additional agencies may join the Vallejo/Solano County Continuum of Care HMIS or specified MOU Partnership at any time and will also have access to my personal information at that time. I understand that, upon my request, this Agency must provide me with a list of current HMIS Agencies or MOU Partners before I sign this Consent to Release Information form, and must allow me to view the updated list of agencies so long as my release/sharing permission remains in effect.

HOUSING FIRST SOLANO

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. Information that may be collected includes, but is not limited to:

- | | | |
|----------------------|--------------------------------|-----------------------|
| • Name | • Family composition | • Homeless history |
| • Date of birth | • Health insurance information | • Program entry date |
| • Gender | • Disability status | • Program exit date |
| • Race and ethnicity | • Mental health history | • Income and non-cash |
| • Social Security | • HIV/AIDS diagnosis | benefits information |
| number | • Alcohol and drug use history | • Employment history |
| • Veteran status | • Domestic violence history | • Legal history |

I understand that this information is collected for the purpose of providing me with housing services, medical services, employment services, and any other related service which will increase my housing stability and economic independence.

I understand that some of the information collected may be considered protected health information under the Health Insurance Portability and Accountability Act (HIPAA). To the extent that the information collected is covered by HIPAA, I hereby authorize _____ to release that information to the Partner Agencies listed above and other agencies that join the Continuum of Care. This medical information may be used by the authorized parties for medical treatment or consultation or for other purposes as I may direct.

This Consent to Release Information becomes effective on _____ and I may revoke the agreement at any time. I understand that my revocation will not apply to information and services already entered into HMIS. If not revoked, my authorization shall automatically 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