

## Consent to Release of Information Homeless Management Information System

### PURPOSE

The Solano County Homeless Management Information System (HMIS) is a shared database that collects information about you for the purpose of assessing your needs for housing, medical, employment, and other services.

HMIS is administered by CAP Solano JPA through a HMIS Lead on behalf of the Housing First Solano Continuum of Care (CoC). Licensed users from authorized non-profit organizations and government agencies (Partner Agencies) will have access to your information. New agencies that join the CoC 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 database. Information collected through HMIS will not be released to unauthorized persons or organizations without your consent unless subject to a lawful information request.

Your information is protected by limiting access rights to HMIS and by limiting the parties to whom the information may be released, in compliance with Federal, State, and Local regulations. Each person or agency with access rights to HMIS, or to whom client information is released, must sign an agreement to maintain the security and confidentiality of client information. Upon any violation of the agreement, access rights may be terminated, and the person or agency found to be in violation of the agreement may be subject to further penalties.

You have the right to refuse to share your data with HMIS. While you cannot be denied services on the basis of a refusal to consent to participate in HMIS, without your data, it may be more difficult to connect you to appropriate services.

### CLIENT RELEASE

I authorize the HMIS Lead, the CoC, the Partner Agencies, and their authorized agents and representatives to collect, use, and share information about me for the purpose of providing me with housing, medical, and/or employment services, and any other related service that will increase my housing stability and economic independence. I understand that the HMIS is a shared database designed to help Partner Agencies more effectively serve their clients, and that my information will be shared with the authorized Partner Agencies.

I understand that additional agencies may join HMIS and will also have access to my personal information. So long as my release/sharing permission remains in effect, my Providing Agency must make available to me a copy of all of my information in HMIS and/or a list of current HMIS Partner Agencies upon request.

I recognize that information that may be collected includes, but is not limited to: my name, Social Security number, date of birth, gender, ethnicity and race, marital and family status, household relationships, phone numbers, and address or other similar identifying information.

Some of the information collected about me may be considered protected personal information (PPI) and protected health information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA), including but not limited to: medical information, HIV/AIDS-related information, mental health information, substance abuse treatment information, and

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domestic violence-related information. To the extent that the information collected is covered by HIPAA, I authorize the collection, use, and sharing of information about me to authorized Partner Agencies and other agencies that may join the HMIS. I understand that this information may be used by the authorized parties for medical treatment or consultation or for other purposes as I may direct.

I further authorize the release of additional information to HMIS to improve service delivery:

- Financial and benefits information, including: employment status, income verification, public assistance payments or allowances, food stamp allotments, health care coverage, or other similar financial or benefits information
- Housing information, including history and housing related issues
- Information about services provided by HMIS Partner Agencies, including: date, duration, and type of service; and other similar service information
- My photograph or other likeness

I understand that authorized agents and representatives of the CoC, including participants of Coordinated Entry System (CES) case conferencing and Veterans By Name List (BNL) meetings, may view my information in the ordinary course of their work.

I further recognize that my information may be shared with the State of California Business, Consumer Services and Housing Agency (BCSH), including its authorized agents, for inclusion in the State's Homeless Data Integration System (HDIS).

This Consent to Release of Information becomes effective on the date noted below and I may revoke the agreement at any time. 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)

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

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

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date

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

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