

**Volusia/Flagler County Coalition for the Homeless  
HMIS Client Consent Form  
Authorization for Release of Information**

**Agency Name** \_\_\_\_\_

**Client Name** \_\_\_\_\_

**Dependent children, if any** (first and last names and date of birth)

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

I know that this agency is a Partner Agency in the Homeless Management Information System (HMIS). The HMIS is a shared homeless and housing information system administered by the Volusia/Flagler County Coalition for the Homeless. It can improve the services and programs for homeless and low income households by allowing authorized staff at Partner Agencies to share client information and to follow trends and service patterns over time. The HMIS operates over the internet and uses many security protections to ensure confidentiality.

Participation in the 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.

- Your name and other identifying information will not be shared with any agency not participating in the system (unless required to do so by law.)
- Your name, gender, race, social security number and date of birth may be shared with Partner Agencies for Identification purposes even if you elect not to share other relevant information.
- Sensitive information such as diagnosis or treatment or mental health disorders, drug or alcohol disorders, HIV/AIDS, or domestic violence concerns, will not be shared between Partner Agencies without specific written consent.
- A list of Partner Agencies is available upon request.
- Authorizing your information to be entered into the HMIS is voluntary. Refusing to do so will not limit your access to shelter or services.

**I understand that:**

- I may cancel this authorization at any time by written request, but the cancellation will not be retroactive.
- I have the right to see my HMIS record, ask for changes, and to have a copy of my record from this agency upon written request.
- Participation in data collection is optional and will not limit my access to shelter and housing services if I choose not to participate in data collection. *This does not override this agency's active policies or intake procedures.*
- This release is valid for 5 years from the date of my signature.

**Please initial one of the following levels of consent:**

\_\_\_\_(1) I give authorization for my basic and relevant information to be entered into the HMIS and shared among Partner Agencies.

\_\_\_\_(2) I give authorization for my basic and relevant information to be entered into the HMIS, but not shared among Partner Agencies.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Witness

\_\_\_\_\_  
Date