



Client Consent and Release of Information for HOPWA & RHY Programs

Homeless Management Information System (HMIS) is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. HMIS is not electronically connected to HUD and is only used by local authorized agencies. All HMIS users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at all participating agencies, and it provides details on how member agencies and their staff handle client information and data sharing. **Data can only be shared if/when necessary and in the best interest of the client, with proper written client consent and in a manner that protects confidentiality.**

Please select ONE for the Adult:

I consent for _____ (Agency Name) to share information within the current and future organizations that are part of the Continuum of Care.

I Do Not consent for _____ (Agency Name) to share information within the current and future organizations that are part of the Continuum of Care.

Please select ONE for minor(s):

I consent for _____ (Agency Name) to share information within the current and future organizations that are part of the Continuum of Care.

I Do Not consent for _____ (Agency Name) to share information within the current and future organizations that are part of the Continuum of Care.

Name of minor child(ren) in the household

I understand that HMIS is shared with and used by authorized agencies in my community for the purposes of:

- 1. Assessing the needs of low-income, homeless or other special-needs persons to give better assistance and to improve their current or future situations,
- 2. Improving the quality of care and service for people in need,
- 3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance, and
- 4. Reporting data on an aggregate level that does not identify specific individuals or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the CoC organizations.
- I have the right to review my own file in HMIS with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- All agencies that use HMIS will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.

Client Name (printed)

Signature

Date

Agency Representative Name (printed)

Signature

Date