**Homeless Management Information System (HMIS)**

**Client Consent Form Template**

**(to be printed on Agency letterhead)**

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_**

**Household members:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Agency) is asking your permission to share information and receive information about you and your household members listed above with agencies in the Continuum of Care (CoC) HMIS System. “A list of agencies your information is shared with is available upon your request.” **or** “The list of agencies your information is shared with can be found at the end of this release.” (Agency would choose which wording to use based on whether they include the list on the form or not.)

HMIS is a software system administered by the Homeless Alliance of Western New York. HMIS is used by many agencies in the CoC that provide shelter and services to those who are homeless. The information collected in HMIS will help us to analyze and improve service delivery, better understand homelessness and evaluate the effectiveness of our services.

**Your benefits for providing information**

Your permission to share information in HMIS may result in a quicker entry into safe housing and/or service for yourself and your family. This is because HMIS is a CoC wide information system and we may be able to reduce the amount of information we have to ask you if you have already provided it to another participating agency. We use HMIS to reduce the amount of time we spend on administrative responsibilities, allowing us to provide better and more efficient services to you.

**Information Shared:**

The data shared will be basic demographics and information that can help organizations provide and/or direct you to services you are in need of. This information includes:

|  |  |
| --- | --- |
| NameDate of BirthLast four digits of SSNRace/EthnicityGenderVeteran StatusDisability Status and TypeHousehold CompositionHomeless Status/History (including where and when services were accessed) | Income Sources and AmountsNon-cash benefits Domestic Violence DestinationReason(s) for homelessness/housing crisisCase Manager Contact InfoHousing HistoryEmergency Contact InfoCommon Assessment FormReason for leaving |

Only staff members using HMIS who have signed the ***User Agreement & Code of Ethics*** will be allowed to view, enter or use information kept in the HMIS system. These agencies will never give information about a person to anyone outside this system without the person’s written consent, or as required by law.

The purpose of this consent is to help ensure that I and my family receive the best care possible from participating agencies.

I understand that:

* My treatment records are protected under state and federal regulations governing confidentiality of patient records. These records cannot be shared without my written consent except as provided for in the state and federal regulations.
* Treatment records, case notes and other confidential information cannot be shared without additional written consent.
* I may end this consent at any time and that I may have a copy of this consent form if requested.
* There may have been information shared and services provided based on this consent when it was in effect. Ending this consent cannot change that.
* Any notice to end this consent must be made in writing.
* Any statistical analysis of HMIS data that is released will be aggregate data and will not reveal any personal identifying information.
* This consent will automatically expire on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

**Information in this system may not solely be used as the basis to deny services, shelter or housing.** My decision to sign or not sign this consent document will not be used to deny services, shelter or housing.

I have a right to see my HMIS record, ask for changes, and to have a copy of my HMIS record from this

agency upon written request.

☐I authorize this agency to share my information (as described above) with other agencies using the HMIS system.

☐I authorize Homeless Alliance of WNY to share my homelessness history as it is recorded in HMIS with \_\_\_\_\_\_\_(Agency Name)\_\_\_\_\_\_\_.

☐I do not authorize this agency to share my information (other than name, DOB, last four digits of SSN, and veteran status) with other agencies using the HMIS system.

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Client Signature Date

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

Agency Witness Date