

# HMIS Acknowledgement & Release of Information (ROI) Form

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*Every adult (18+) client needs to review and sign this form. Any minors or dependents should be listed on their parent's or guardian's consent form. Intake workers should keep the original signed form in a secure place.*

## HMIS Acknowledgement

### What is HMIS?

The **Homeless Management Information System (HMIS)** is a local secure computer system used by agencies in Western New York (WNY) to collect and share information about people who are experiencing or are at risk of homelessness. It is managed by the Homeless Alliance of WNY (HAWNY). You should know that:

- HMIS helps track the services and housing support that people receive.
- HMIS helps our community improve services and secure funding to support people experiencing homelessness.
- HMIS allows different agencies to coordinate care while protecting your privacy.
- Only trained and authorized staff can see information in HMIS
- Your information is stored safely and only used to help connect you to services and housing.
- Your name and personal information will never be shown in public reports.
- This is a local system to WNY and not a nation-wide database or managed by the government.

### What information is collected?

Your agency may request the following types of information and enter it into HMIS. You have the right to decline to answer any questions that you cannot or prefer not to answer.

- |  |   |
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| • Basic identifying information (name, date of birth, last 4 of SSN, veteran status) | • Income, benefits, or insurance information                            |
| • Basic demographic information (gender, sex, race/ethnicity, sexual orientation)    | • Disability status, type, and determination                            |
| • Household information (composition and type)                                       | • Contact information   |
| • Housing or homeless history  | • File attachments (when necessary)                                     |
| • Dates of services and destination information                                      | • Case worker information, case plans, goals, or notes (when necessary) |
| • Domestic Violence history**  | • Services, payments, referrals, or other coordinated entry information |

*\*\* Clients who are currently fleeing from Domestic Violence should discuss options for HMIS data collection with the intake worker before proceeding.*

### Who can access your information in HMIS?

Access to HMIS is limited and everyone who uses HMIS is trained to protect your privacy and must follow strict rules to keep your information safe and secure. You should know that:

- Staff at your agency with HMIS access can see your information.
- Your consent is required in order for staff with HMIS access at other agencies to see anything other than your Client Record (name, year of birth, last 4 digits of your SSN, and veteran status). This consent is given or declined through the Release of Information section below.
- Homeless Alliance staff with HMIS access can see your information to coordinate services.
- You can request to see a printed version of your HMIS record at any time.

## Release of Information (ROI)

### Why share your information within HMIS?

We are asking your permission to share your information as well as the information of any household members listed, with approved agencies who use HMIS in Western New York. A list of current HMIS partners is available online at <https://wnyhomeless.org>. Sharing your information helps to ensure you and your family receive the best care possible as well as:

- Helps case workers share information to understand your needs and avoid repeating the same questions.
- Helps agencies work together to better connect you with housing and services.

# HMIS Acknowledgement & Release of Information (ROI) Form

I am the Parent or Guardian of:

Household Member Name (print)	Date of Birth
Household Member Name (print)	Date of Birth
Household Member Name (print)	Date of Birth
Household Member Name (print)	Date of Birth

## Acknowledgement, Consent, and Signature

By signing, you indicate your understanding of HMIS and that:

- **Your information will be entered into HMIS.** You have the right to decline to answer any questions that you cannot or prefer not to answer.
- **Your information is protected under state and federal regulations.** This information cannot be shared without your written consent, except as allowed by those regulations or required by law.
- **Any reports created with HMIS data will only include summarized information** and will not reveal any personally identifying information (PII) about you.
- **You have a right to see your HMIS record,** ask for changes, and to have a paper copy provided upon request.
- **You may end your consent to share information at any time** through a written notice. However, information already shared cannot be taken back.
- **Your decision to share or not share your information will not be used to deny you services, shelter, or housing.**

My decision below applies from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you give your consent to share your information within HMIS?

☐ Yes

☐ No

Client Name (printed)	Date of Birth
Client Signature	Date signed
Staff Name or Witness (printed)	Staff Name or Witness (signature)
Agency or Project Name (printed)	