

Homeless Management Information System (HMIS) Client Consent and Release of Information (ROI) Form

(Template to be printed on Agency letterhead)

Client Name: _____

Date of Birth: _____

Household members (if applicable):

Name _____

Date of Birth: _____

Name _____

Date of Birth: _____

Name _____

Date of Birth: _____

Name _____

Date of Birth: _____

(Your 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 WNY that provide shelter and services to those who are homeless. The information collected in HMIS will help us to analyze and improve service delivery, identify programs you are eligible for, 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 information that can help organizations provide and/or direct you to services you are in need of. This information includes:

Name	Income Sources and Amounts
Date of Birth	Non-cash benefits
Last four digits of SSN	Domestic Violence
Race/Ethnicity	Destination
Gender	Reason(s) for homelessness/housing crisis
Sexual Orientation	Case Manager Contact Info
Veteran Status	File Attachments when necessary
Disability Status and Type	Emergency Contact Info
Household Composition	Coordinated Assessment Data
Homeless Status/History (including where and when services were accessed)	Reasons for Leaving
Health Insurance	Service Transactions, referrals, financial assistance, case notes, and needs.

In order to make quicker referrals and provide necessary documentation to referred agencies, your information as it is in HMIS may be accessible by Coordinated Entry Lead staff. Only those staff who have signed the **HMIS User Agreement & Code of Ethics** will be allowed to access HMIS. This agency may export data for creating de-personalized client identification for unduplicated counting and research purposes to the NY Office of Temporary and Disability Assistance. Participating 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.
- A list of HMIS participating agencies is available upon request,
- **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.

(If needed) I authorize Homeless Alliance of WNY to share my homelessness history as it is recorded in HMIS with _____ (insert specific 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.

Client Name (print)

Client Signature

Date

Agency Witness

Date