

**Homeless Management Information System (HMIS)
Authorization to Use or Disclose Confidential Information**

I hereby authorize use or disclosure of the named individuals' confidential information (CI) collected in the Vulnerability Index, as described below. I understand this authorization may include the disclosure or exchange of information in written, verbal, electronic and/or other forms. The named individuals' CI will not be made public and will only be used with strict confidentiality.

Client:

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
Date of Birth: _____

I understand that _____ (Service Provider) collected information about me and/or my dependents listed below to enter it into a database system called Homeless Management Information System (HMIS). This database helps the Continuum of Care (CoC) members and HUD to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless in the CoC. Participation in data collection and release, although optional, is a critical component of our community's ability to provide the most effective services and housing. The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth by federal, state, and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information.

The CI gathered and prepared will be included in a HMIS database of participating agencies who have entered into a Data Sharing Agreement and shall be used to:

- a. Produce a client profile at intake that will be shared by collaborating agencies
- b. Produce anonymous, aggregate-level reports regarding use of services
- c. Track individual program-level outcomes
- d. Identify unfilled service needs and plan for the provision of new services
- e. Allocate resources among agencies engaged in the provision of new services
- f. Disclose if required by court order or as required by law
- g. Assess needs for housing, utility assistance, food, counseling and/or other services.

The information may include, but is not limited to the following CI:

- Full Name
 - Date of Birth
 - Social Security Number
 - Gender
 - Ethnicity & Race
 - Veteran Status
 - Program entry date
 - Program exit date
 - CIN/insurance
 - Residence prior to project entry
 - HIV/AIDS status
 - Homeless history
 - Zip Codes of last permanent address
 - Family composition
 - Employment status
 - Housing information
 - Income and benefits information
 - Domestic Violence
 - Mental Health
 - Disabling condition
 - Alcohol & drug
 - Legal history
 - Photo (if applicable)
- The release of my information listed above does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
 - I may revoke this authorization at any time by signing a “Revocation of Consent to Release Information form”.
 - I understand the revocation will not apply to information already released based on this authorization, and all information about me already in the database will remain but will become invisible to all of the participating agencies.
 - My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations, law, or court order.
 - Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing & Urban Development and Department of Healthcare Services may see my information.
 - People using HMIS information to write reports may see my information. Researchers must sign an agreement to protect and deidentify CI before seeing HMIS data.
 - I understand I may inspect or obtain a copy of the CI to be used or disclosed. I have the right to receive a copy of this authorization.
 - This authorization is valid for three (3) years from the date of my signature below or the 18th birthday of the minor dependent, whichever occurs first.

Participating agencies: Agencies within the NorCal Continuum of Care HMIS are authorized to use, disclose, and obtain information from the HMIS database are listed below. These agencies may update periodically and can have retroactive effectiveness:

Del Norte:

County of Del Norte

Del Norte Mission Possible
Crescent City

Lassen:

Lassen County HSS
Susanville Indian Rancheria

Modoc County:

TEACH
Modoc County

Plumas:

Plumas Crisis Intervention Resource Center
Plumas County Behavioral Health

Sierra County:

Sierra County

Shasta:

Faithworks
No Boundaries
Good News Rescue Mission
Nation's Finest
Pathways to Housing
Ready for Life
Hill Country Community Clinic
Shasta Community Health Center
Access Homes
Shasta County HHSA
Shasta County Housing Authority
City of Redding
Lutheran Social Services
North Valley catholic Social Services
Northern California Youth and Family Programs
Shasta County Office of Education
United Way

Siskiyou County:

Siskiyou County HHSA
Karuk Tribe
Youth Empowerment Siskiyou

Partnership Health Plan of California

Please initial one of the following levels of consent:

_____ I give authorization for confidential information **to be entered into HMIS and shared between participating agencies.**

OR

_____ I do not consent to the inclusion of confidential information in HMIS.

I, _____ (name of parent or legal guardian), am the parent or legal guardian of child(ren) listed below) and have legal authority to execute this Release.

My signature on this document is intended to bind myself, my child or any child whom I have legal custody and control of and for whom I have the authority to execute this release. The undersigned expressly agrees that this Release is intended to be as broad and inclusive as permitted by California law.

List all Dependent children under 18 in household, if any (first and last names):

1.	2.
3.	4.
5.	6.
7.	8.

Printed name

Date

Signature

Relationship to Client