



Institute for Community Alliances
Homeless Missourians Information System Network
Client Informed Consent to Share and Release of Information

The **Homeless Missourians Information Systems Network** is a group of agencies working together to provide services to homeless and low-income individuals in the State of Missouri. This group includes shelter, housing, food, state, private and non-profit social service agencies, and faith based organizations. I give this partner agency permission to share the following information regarding my household. I understand that this information is for the purpose of assessing needs for housing, utility assistance, food, counseling and/or other services.

The information being shared may consist of the following:

- Identifying and/or historical information regarding my household.
- My household income, non-cash benefits, and health insurance information.

I understand that:

- Information I give concerning physical or mental health problems will not be shared with other partner agencies in any way that identifies me or other members of my household.
- The partner agencies have signed agreements to treat my household's information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS.
- Staff members of the partner agencies who will see my household's information have signed agreements to maintain confidentiality regarding my household's information.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end homelessness.
- I have the right to ask if I may refuse to answer certain questions.
- The sharing of information does not guarantee that services will be provided. Declining to share information does not prohibit the provision of services.
- This authorization will remain in effect for twelve months unless I revoke it in writing.
- If I revoke my authorization, all information about my household entered into the database from that date forward will not be shared with partner agencies.
- A list of the partner agencies within the network may be viewed prior to signing this form.

 Agency Name

Saint Joseph CoC Coordinated Entry

 Project Name

 Client Name *(please print)*

 Client Signature

 Date

 Agency Personnel Name *(please print)*

 Agency Personnel Signature

 Date

Head of Household Client ID Number:



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Excerpt of HMIS Privacy and Security Notice

***A written copy of the full Privacy Policy is available to all who request it.
It is also available on this agency's web site.***

The information you may agree to allow us to collect and share includes: basic identifying demographic data, such as name, address, phone number and birth date; the nature of your situation and the services and referrals you receive from this agency. This information is known as your **Protected Personal Information or PPI**.

II. CONFIDENTIALITY RIGHTS:

This agency has a confidentiality policy that has been approved by its Board of Directors. This policy follows all HUD confidentiality regulations that are applicable to this agency, including those covering programs that receive HUD funding for homeless services. Separate rules apply for HIPAA privacy and security regulations regarding medical records.

This agency will use and disclose personal information from HMIS only in the following circumstances:

1. To provide or coordinate services to an individual.
2. For functions related to payment or reimbursement for services.
3. To carry out administrative functions including, but not limited to legal, audit, personnel, planning, oversight or management functions.
4. Databases used for research, where all identifying information has been removed.
5. Contractual research where privacy conditions are met.
6. Where a disclosure is required by law and disclosure complies with and is limited to the requirements of the law. Instances where this might occur are during a medical emergency, to report a crime against staff of the agency or a crime on agency premises, or to avert a serious threat to health or safety, including a person's attempt to harm himself or herself.
7. To comply with government reporting obligations.
8. In connection with a court order, warrant, subpoena or other court proceeding where disclosure is required.

For information on your rights regarding your HMIS record, ask your intake person for a copy of the full privacy policy.