HMIS CLIENT RELEASE OF INFORMATION

Agency Name: _____

Last Name:	First Name:	Middle Initial:
Date of Birth (mm/dd/yyyy):	Staff Completing Assessment:	Date of Assessment (mm/dd/yyyy):

Introduction: Protecting your information is important to us. This document outlines how we use and protect your information. Many North Carolina shelters and helping programs use the Homeless Management Information System managed by North Carolina Coalition to End Homelessness (HMIS) to keep information about people they help. This form defines which client data is shared between agencies. A full list of the participating providers in this area can be found at ncceh.org/hmis/clientconsent.

The included agencies will collect personal information directly from you and your household to determine your eligibility for services and connect you with other helping agencies. **Agencies only collect personal information that is appropriate for getting you housed to improve programs and the lives of people experiencing homelessness**. The collection and use of all personal information is guided by strict standards of confidentiality.

We only use your personal information in ways that may benefit you directly or indirectly as follows:

- To provide or coordinate services on behalf of an individual or household;
- For payment or reimbursement for services;
- To carry out administrative functions, including but not limited to oversight and management functions; or
- For creating reports as defined in the Privacy Notice (available upon request)

SECTION 1 – NCCEH HMIS Standard Information

Standard information can be seen by all participating agencies that use our HMIS implementation. This information allows us to de-duplicate files and select the correct record. All persons using HMIS are trained and certified in privacy.

What information is shared about you in HMIS?
- Name
- Age/year of birth
- Veteran status
- Gender
- Partial social security number

If you have a privacy concern, you can mark No so that only our Agency can see this information. Declining Standard Information sharing may result in duplicate profiles and gaps in your service history.

SECTION 2 – Local Data Sharing

Our agency has agreed to share information on clients in HMIS with other agencies. This means that your information will be visible to HMIS users from those other agencies coordinating locally and that your information may be discussed verbally, in writing, electronically, or in documents downloaded from HMIS. If you choose to share, both your current and historical information can be shared. A list of agencies we share with can be found by looking up our agency name at: ncceh.org/hmis/clientconsent.

What information is shared about you in HMIS with these local agencies?
- Name
- Age/year of birth
- Veteran status
- Gender
- Partial social security number
- Demographic information (e.g. race, veteran)
- Income and benefit information
- Disability information
- Program enrollment, services, and referrals Coordinated entry notes
- Domestic violence status
- CE Housing Assessment
- History of housing, homelessness, and services provided to you

If you have a privacy concern, you can mark No so that only our Agency can see this information. Declining Local Data Sharing may result in delayed service delivery that depends on coordination.

Your Rights:

- Your refusal to share information in this system will not prevent services such as emergency assistance, outreach, shelter, or housing assistance. Confirmation of your eligibility may be delayed which could slow down referrals.
- We will not use any information you provide related to race, color, religion, sex, national origin, disability, familial status, and actual or perceived sexual orientation, gender identity, or marital status in any way that would discriminate against you or prevent you from receiving services or housing assistance. You have the right to file a complaint if you feel discriminated against.
- You may request a copy of this agency's Privacy Notice that explains HMIS and your rights and responsibilities associated with how information is kept and shared through this system.
- You have the right to see your information, request to change it, and have a copy from the servicing agency by written request. An agency can refuse to change information in your record but must provide you with a written explanation of the refusal within 60 days of the request. Agencies are allowed to charge for reproducing a record.
- You may withdraw your consent to share at any time by writing to the staff identified in our Agency Privacy Notice. However, any information already shared with another agency cannot be taken back. You should tell each agency that you work with directly when you withdraw your consent.
- The confidentiality of your records is protected by law. This agency will never give information about you to anyone outside the agency without your specific written consent through this release or as required by law (The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CRF, Parts 160 & 164) and certain North Carolina laws.

This Release is active for one year effective on the date of signature.
Instructions: *Check next to the statement that you understand and agree to:*

I agree to have the information listed above to be shared to all helping agencies within the groups referenced.

SECTION 1 – HMIS Standard Information
☐ Yes, I agree to share my standard information in HMIS for de-duplication.
☐ No, I do not agree to share my standard information in HMIS.

SECTION 2 – Local Data Sharing
☐ Yes, I agree to share my HMIS information for local coordination.
☐ No, I do not agree to share my HMIS information (Only our agency will see all your detailed information).

Client signature:_____ Date:_____

Signature of guardian or authorized-representative (when required):_____

Relationship to client:_____ Date signed by guardian/authorized representative:_____

This release of information also applies to the following dependents:

Last Name	First Name	Date of Birth