

## NC-505 HMIS Client Consent for Release of Information

**Name:**

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**HMIS:**

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**Introduction:** Local homeless services programs use the Homeless Management Information System (HMIS) to keep information about people that they serve. We collect personal information from you that we need to help us serve you. We have strict rules about your information. All persons using HMIS are trained and certified in privacy. This form describes why agencies enter data into HMIS, how and what data are shared between providers, and your rights in relation to your data. If you have any questions or need more information, please ask at any time.

### Why do we collect information about you?

- To coordinate services that you may be eligible for throughout the community.
- To reduce the number of times you have to tell your story.
- To enable agencies to receive funding, so that they can continue to provide services.

### What data is collected?

Agencies that participate in HMIS 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 considered appropriate for getting you housed and 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.

### Who can see my data?

Mecklenburg County and participating community agencies use data collected through the HMIS System and the Mecklenburg County Single View of Customer database to improve services for you through coordination of care. Mecklenburg County and participating community agencies have agreed to share information on clients in HMIS to coordinate services. This means that both your current and historical may be viewable by staff from Mecklenburg County and participating agencies. Only licensed HMIS or SVOC users can view your information entered in HMIS.

What information is shared about you in HMIS with these other agencies?

- Homeless History and Status
- Program Participation and Case Manager Information
- Client Photograph
- Income and Benefits Information
- Health and Disability Information
- Demographic Information
- Documentation of yours that might be used for housing or care coordination purposes
- Assessments
- Non-Confidential Notes

### How your data are protected.

Information that is collected in HMIS is protected by limiting access to HMIS, limiting who your information is shared with, and making sure HMIS and participating agencies are following federal, state, and local regulations about confidentiality. Every person and agency that is authorized to read or enter information into HMIS has signed an agreement to maintain the security and confidentiality of your information and to only use it to serve you. Any person or agency that is found to violate their agreement will have their access rights terminated.

### How your data is used

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 you or your household.
- For payment or reimbursement for services.
- To carry out administrative functions, including but not limited to oversight and management functions.
- For creating datasets without your personally identifying information (name, date of birth, social security number, etc.)

### *Care Coordination*

Your information may be used or disclosed for the purposes of determining which services and resources you may be eligible for, and to coordinate care for you and if applicable, your dependents.

Only agencies listed on the partner agency list may be included in the discussion of your case coordination. All persons participating in your care coordination receive training in data security and are required to sign a confidentiality agreement stating that they will not share your information.

Partner agencies that participate in community housing and care coordination may change over time.

A list of the current HMIS and community partner agencies with the Charlotte-Mecklenburg Homeless Management Information System may be viewed prior to signing this form at <https://mecklenburghousingdata.org/welcome/charlotte-mecklenburg-hmis/forms-policies/#toggle-id-3>

### **Your Rights**

*The following are your rights concerning your data.*

- If you refuse to share information in this system, you will not be denied services.
- Your intake photo will be viewable by HMIS participating agencies and licensed users of Mecklenburg County Single View of Customer (SVOC). You waive the right to approve or inspect the finished photograph.
- The confidentiality of your records is protected by law and you have the right to view the confidentiality policies of any HMIS contributing agency. HMIS participating agencies will never give information about you to any other agency except as outlined in this document without your specific written consent or as required by law.
- You can revoke this consent at any time, but any information already shared with another agency or Mecklenburg County cannot be taken back. If sharing information on the system poses an imminent health or safety risk, please talk with your case manager.
- You have the right to see your information recorded in HMIS, request changes, and to get a copy of your information by written request. An agency can refuse to change your record but must provide you with a written explanation of why they refuse the change within 10 days of your request.
- Some of your information may be disclosed for academic research purposes but identifying information will not be included in the disclosure, except to match records. No other identifying information will be shared for any other purpose without a separate signed consent.

### **BY SIGNING THIS FORM,**

I acknowledge that I understand my rights in relation to my data; and

- I give permission for information about me recorded in HMIS to be shared with partner agencies to better coordinate services for me and my dependents.

I **do not** give permission for information about me recorded in HMIS to be shared with partner agencies to better coordinate services for me and my dependents.

This authorization will remain in effect until I revoke it in writing or sign a new Release of Information.

Client signature (head of household): \_\_\_\_\_, Date: \_\_\_\_\_

Adult Household Member signature: \_\_\_\_\_, Date: \_\_\_\_\_

Adult Household Member signature: \_\_\_\_\_, Date: \_\_\_\_\_

Adult Household Member signature: \_\_\_\_\_, Date: \_\_\_\_\_

Names of Dependents (please list all dependents):

Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_

Name 3: \_\_\_\_\_ Name 4: \_\_\_\_\_

Name 5: \_\_\_\_\_ Name 6: \_\_\_\_\_

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

Relationship to client: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date of Consent: \_\_\_\_\_

### Homelessness History

It may be necessary to document your homeless history to see if you are eligible for specific community programs. To provide this information, the Michigan Coalition Against Homelessness (MCAH), the NC HMIS lead agency, requires your explicit consent to view data recorded in NC HMIS and complete a housing history document.

Do you give permission for these representatives to complete the housing history document and give it to your case manager?

**YES**, I give permission for MCAH (NC HMIS Lead Agency) to complete the housing history document and give it to my case manager.

**NO**, I do not give permission for MCAH (NC HMIS Lead Agency) to complete the housing history document and give it to your case manager.