

# Mendocino County Homeless Management Information System (HMIS)

## Informed Consent and Release of Information Authorization Form

**IMPORTANT:** Do not enter personally identifying information into HMIS for clients who are: 1) in Domestic Violence Agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence or sexual assault or stalking situation. If this applies to you, STOP – Do not sign this form.

This Agency participates in the Mendocino County Homeless Services Continuum of Care, a collaborative group of partner agencies working together to provide services to individuals and families in Mendocino County who are homeless or at risk of becoming homeless. To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Mendocino County.

- Information collected includes: name, social security number, date of birth, race, ethnicity, gender, veteran status, address history, program entry and exit dates, length of homelessness, housing status, income and sources, non-cash benefits, physical or developmental disability, chronic health condition, HIV/AIDS, behavioral health, substance abuse, health insurance, domestic violence, services provided, and residential move in date.
- The data provided will be combined with data from the Department of Health and Human Services for the purposes of: (a) providing individual case management including participation in Case Conferencing for individual participant needs; (b) producing reports to analyze utilization of services; (c) tracking individual outcomes; (d) providing accountability for individuals and entities that provide funds for use in Mendocino County; (e) identifying homeless service needs and plan for the provision of new services; (f) allocating resources among agencies engaged in the provision of services in and around Mendocino County; and (g) for all other purposes deemed appropriate by the \_\_\_\_\_.
- Your name and other identifying information will not be included in any reports or publications. Only a limited number of staff members employed by agencies participating in the Mendocino County Homeless Services Continuum of Care who have signed confidentiality agreements will have access to this information. Your information will not be used to determine eligibility for programs. Only Mendocino County HMIS System Administrators have full access to all information in HMIS.
- Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive from this Agency and will not be used to deny outreach, assistance, shelter or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need. Furthermore, some funders MAY require that you consent to your information be supplied in HMIS in order for you to receive services from that funding source.
- We will guard this information with strict security policies to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and identity checks required for each system user. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at: 747 S. State St, Ukiah CA 95482, (707)463-7900, fax (707)463-7979.

# **Mendocino County Homeless Management Information System (HMIS)**

## **Informed Consent and Release of Information Authorization Form**

\_\_\_\_\_ **(INITIAL)** I understand the above statements and consent to the inclusion of personal information in HMIS about me and any dependents listed below, and authorize information collected to be shared with partner agencies. I understand that my personal information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time by supplying a written request form to this Agency.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 USC 290dd-2 for federal law and 42CFR Part 2 for federal regulations.)

\_\_\_\_\_ **(INITIAL)** I understand and acknowledge that the data pertaining to the services provided to me by the Agency and the records maintained by the Agency may include medical/health information and other information, the privacy of which may be protected by federal and/or California law, and expressly consent to the release of such information as well as the information expressed in the sections above regarding crimes and child abuse/neglect.

\_\_\_\_\_ **(INITIAL)** I understand this authorization will remain in effect unless revoked in writing to this Agency. If I revoke my authorization, all information about me already in the database will remain, but will become invisible to partner agencies.

Specify data (if any) you wish to restrict from entry into HMIS System;

\_\_\_\_\_  
\_\_\_\_\_

Dependent children under age 18 in household, if any (please print first and last names):

_____	_____
_____	_____
_____	_____

**X** \_\_\_\_\_  
Client Signature (Parent/Guardian)

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

**(Each adult age 18 years and older must sign a separate release form)**