



Client Release of Information

To provide you with the most effective and efficient service, we must collect certain data for our Homeless Management Information System (HMIS). This secure and confidential database operated by trained representatives allows our agency and other community providers to work together with you to make sure you are receiving the assistance you need in a timely manner.

The HMIS allows the Continuum of Care to get an accurate count of all people experiencing homelessness or who are at-risk of homelessness in the greater Kansas City area. **To better coordinate with other agencies, you have the right to consent to release your information to other agencies.**

FOR DATA BEING ENTERED INTO THE HMIS, I UNDERSTAND THAT:

- Staff of other agencies who will see my information have promised to protect it.
- Information I give about physical or mental health problems will not be shared with others.
- Partner Agencies may share information that does not identify me to others.
- I have the right to request who has looked at my file.
- I understand I have the right to ask, "Can I refuse to answer that question," and how my refusal might affect my receipt of services.
- I have the right to view confidentiality policies used by HMIS.
- If I receive assistance through the Supportive Services for Veteran Families (SSVF) Program, my personally identifying information will be exported from HMIS and uploaded to a Veterans Administration (VA) Repository to meet VA-required reporting.
- Another Partner Agency may enter my data into HMIS, and therefore may retain the paper copy file.
- If I decide at a later date that I no longer want my information in HMIS, I can request that it be archived (not made available for further use by other agencies).
- I am responsible for making all household members aware their information will be entered in HMIS and they have the option to contact this agency with any questions or concerns.

Please review the information below and sign and date where indicated.

I understand that this agency will enter my information into the Homeless Management Information System (HMIS) called CaseWorthy. The information I have provided is true and correct. My information may be shared among local authorized service providers for the purpose of connecting me to services. My name, date of birth, social security number, or other information that would identify me personally will never be shared with anyone without my authorization. An agency representative has answered my questions about my privacy concerns.

By signing this release form, I fully understand the above terms and conditions.

_____ CLIENT NAME [PRINT]	_____ DATE	_____ CLIENT SIGNATURE	_____ DATE
------------------------------	---------------	---------------------------	---------------

_____ AUTHORIZED PERSONNEL NAME [PRINT]	_____ DATE	_____ AUTHORIZED SIGNATURE	_____ DATE
---	---------------	-------------------------------	---------------

Client Consent on Behalf of Household Members

An adult head of household may provide consent on behalf of family members to share their information in the HMIS.

_____ FAMILY MEMBER NAME 1 [PRINT]	_____ HEAD OF HOUSEHOLD [INITIALS]
--	--

_____ FAMILY MEMBER NAME 1 [PRINT]	_____ HEAD OF HOUSEHOLD [INITIALS]
--	--

_____ FAMILY MEMBER NAME 2 [PRINT]	_____ HEAD OF HOUSEHOLD [INITIALS]
--	--

_____ FAMILY MEMBER NAME 3 [PRINT]	_____ HEAD OF HOUSEHOLD [INITIALS]
--	--

_____ FAMILY MEMBER NAME 4 [PRINT]	_____ HEAD OF HOUSEHOLD [INITIALS]
--	--

_____ FAMILY MEMBER NAME 5 [PRINT]	_____ HEAD OF HOUSEHOLD [INITIALS]
--	--

_____ FAMILY MEMBER NAME 6 [PRINT]	_____ HEAD OF HOUSEHOLD [INITIALS]
--	--