



MOSBE: Salinas, Monterey and San Benito Homeless Management Information System

CLIENT INFORMED CONSENT & RELEASE OF INFORMATION AUTHORIZATION

_____ is a Partner Agency in the Homeless Management Information System. HMIS is a shared homeless and housing database system administered by the MOSBE County Continuum of Care. HMIS can improve the services and programs for homeless and low-income households by allowing authorized staff at Partner Agencies to share client information and to follow trends and service patterns over time. HMIS operates over the Internet and uses many security protections to ensure confidentiality.

Participation in the HMIS program is important to our community's ability to provide you with the best services and housing possible. As you receive services, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve.

- Your name and other identifying information **will not** be shared with any agency not participating in the system (unless required to do so by law).
- Your name, gender, race, social security number, and date of birth may be shared with Partner Agencies for identification purposes even if you elect not to share other relevant information.
- Sensitive information such as diagnosis or treatment of mental health disorders, drug or alcohol disorders, HIV-AIDS, or domestic violence concerns, **will not** be shared between Partner Agencies without specific written consent.
- A list of Partner Agencies is available upon request.

CA-506 utilizes HMIS for the Coordinated Entry process, locally known as CARS (Coordinated Assessment and Referral System) therefore being a shared system. By signing below you are authorizing agencies and appropriate service groups in the CA-506 CARS Network to obtain the following information about your service use:

- History of shelter use
- Barriers to housing
- Eligibility for housing programs
- Names of current and past social service providers

These participating agencies will have access to the information that you agree to share. Sharing your data allows CA-506 homeless service providers the opportunity to see if they have housing services that fit your needs. It does not guarantee that you will receive housing.

You understand:

- Authorizing your information to be entered into HMIS is voluntary, you have the right to refuse to consent to this authorization.
- If you do not consent, your services may not be fully coordinated. However, services will not be withheld. Access to shelters will still be available.
- You can change or cancel this authorization at any time by submitting a written request to the Coalition of Homeless Services Providers and asking this form be rescinded.
- The list of agencies that can access your information may change, at any given moment, without notice.
- You may request a list of the most current agencies with access to your information at your discretion.
- This authorization takes effect the day today and expires three years from today.

Please initial one of the following levels of consent:

- _____ (1) I give authorization for my basic and relevant information to be entered into HMIS and shared between Partner Agencies. I understand I have the right to receive a copy of all information shared between Partner Agencies.
- _____ (2) I give authorization for my basic and relevant information to be entered into HMIS, but **not** shared between Partner Agencies.

I understand that I may cancel this authorization at any time by written request, but that the cancellation will not be retroactive. I understand that this release is valid for three years from the date of my signature below. A copy of this authorization is as valid as the original.

Print Name of Client

Signature of Client

Date

Parental/Guardian permission and authorization:

I agree and authorize the use of my child/ward to partake in the participating agencies that will access the data you agree to share, as you have explained in this document. The authorization is valid until the ROI expiration date or until the minor/ward turns 18 and becomes eligible for their ROI. After that, they must return to the agency and complete a new ROI for themselves.

Print Name of Minor/Ward

Relationship to Parent/Guardian

Print Name of Minor/Ward

Relationship to Parent/Guardian

Print Name of Minor/Ward

Relationship to Parent/Guardian

Print Name of Minor/Ward

Relationship to Parent/Guardian

Print Name of Minor/Ward

Relationship to Parent/Guardian

Print Name of Minor/Ward

Relationship to Parent/Guardian

Print Name of Minor/Ward

Relationship to Parent/Guardian

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Note: A separate HIPAA-compliant authorization is required for disclosure of any patient health information, including mental health and drug and alcohol information protected by any State or Federal privacy law including, but not limited to, Health Insurance Portability and Accountability Act ("HIPAA"), 45 C.F.R. parts 160 and 164, California Confidentiality of Medical Information Act ("CMIA"), Civil Codes sections 56-56.16, Welfare and Institutions Code section 5328, or 42 C.F.R. part 2.1 et seq.