

Omnibus Consent Form for Release of Information

Homeless Management Information System

Santa Maria / Santa Barbara Continuum of Care

OVERVIEW

HMIS is a database that collects information about people who need housing, shelter, and related services. This information can include your name, your location, your medical history, and other personal details. Homeless service providers collect this information to help us figure out which services you are eligible for, and so that we can contact you to let you know about housing opportunities.

The only people who will be allowed to see your data are the HMIS-trained staff of homeless service providers who have agreed to keep your data confidential. Your data will not be shared with the police without a Court order or your consent. Your data may be shared with social workers, outreach workers, therapists, and housing programs in Santa Barbara County. You have the right to refuse to share your data with these social workers and programs, but without your data, we may be unable to tell which programs you qualify for, and so you may lose out on some opportunities to get housing.

WHAT KIND OF DATA IS COLLECTED?

HMIS collects information about you that can help us figure out which services you are eligible for and how we can contact you to let you know about housing opportunities. This can include your name, your whereabouts, whether you are travelling together with pets or family, information about your health and income, and a brief history of the places you have been living over the last few years and the services that you have accessed.

Some of the data that could be collected about you includes:

- Name
- Gender
- Program Exit Date
- Disability status
- Veteran Status
- Legal history
- Income and Non-Cash Benefits Information
- Date of Birth
- Ethnicity and Race
- Residence Prior to Project Entry
- Family Composition
- Employment History
- Alcohol and Drug Use
- Health Insurance Information
- Social Security Number
- Program Entry Date
- Homeless History
- HIV/AIDS Diagnosis
- Domestic Violence
- Mental Health History

Pursuant to 42 CFR Part 2, this could potentially include documentation that you visited a facility that is known for providing substance abuse treatment. The information collected could also include descriptions by case workers of why you left a program or housing situation, which could include references to drug tests or drug-related criminal activity. These descriptions would be part of your case notes, and would not ordinarily be shared outside of your current housing program or outside of a case conference intended to match you with the best available opportunity for your current needs.

Information about domestic violence will not be stored in HMIS, but it may be separately collected and stored in a parallel database with special safeguards meant to protect survivors of domestic violence.

Information about your mental health status and treatment, including psychotherapy notes, may be stored in HMIS and accessed by your treating therapist, but detailed case notes will not be shared with providers outside your current program.

Your self-reported HIV/AIDS status may be stored in HMIS and used to determine your eligibility for HOPWA or other programs intended to assist HIV-positive individuals, but specific test results will not be shared with providers outside your current program.

Information collected as part of a vulnerability assessment such as the VI-SPDAT or the FAT may be stored in HMIS. Some of the information stored in HMIS may also include comments and observations about you that were made by other people, such as case notes written by your case worker.

WHO WILL SEE THE DATA?

The only people who are allowed to directly access your data are licensed HMIS End Users at HMIS Partner Agencies in Santa Barbara County. Partner Agencies have been approved by the HMIS Lead (the agency responsible for administering HMIS) and provide housing and/or support services to the homeless in the County of Santa Barbara. Partner Agencies and End Users have signed a Memorandum of Understanding and End User Agreement, respectively, promising to keep your information confidential, have been trained in a full set of data security procedures, and are subject to regular security audits. Partner Agencies can only use the data to benefit you and to help you find housing and services. Below is a list of all of the HMIS Partner Agencies with HMIS End Users licensed at the time this form was drafted:

Channel Islands YMCA
Crescend Health/Phoenix of Santa Barbara
Good Samaritan Shelter
Housing Authority for the City of Santa Barbara
Housing Authority for the County of Santa Barbara
Mental Wellness Center
New Beginnings Counseling Center
PATH Santa Barbara
PathPoint

Sanctuary Psychiatric Centers of Santa Barbara
Santa Barbara Community Housing Corporation
Santa Barbara County Dept. of Behavioral Wellness
Santa Ynez Valley People Helping People
Sarah House Santa Barbara
The Salvation Army
Transition House
United Way of Northern Santa Barbara County
WillBridge of Santa Barbara

Below is a list of agencies that may be invited to become HMIS Partner Agencies by the end of December 2018:

211	Domestic Violence Solutions for Santa Barbara
Americorps	Dignity Health
B'nai B'rith	Family Services Agency
Calvary Chapel	Food Bank of Santa Barbara County
Catholic Church of the Beatitudes	Legal Aid Foundation of Santa Barbara County
CenCal Health	Lompoc Valley Medical Center
City of Goleta	Noah's Anchorage
City of Lompoc	Organic Soup Kitchen
City of Santa Barbara	Pacific Behavioral Health Care
City of Santa Maria	Santa Barbara Neighborhood Clinics
Cottage Health	Santa Barbara Rescue Mission
County of Santa Barbara Public Health Department	The Salvation Army
County of Santa Barbara Dept. of Social Services	Transitions Mental Health
	Veteran's Administration

This list is not exhaustive and will be updated annually. Any Partner Agency can provide you with an updated copy of the list. **By signing this form, you consent to share your data with all of the current Partner Agencies and with any agency that is listed above that has become a Partner Agency.**

Only licensed End Users at HMIS Partner Agencies may disclose your data. Your data may be discussed orally by the co-workers of licensed End Users when necessary to carry out a specific job-related task, e.g., to help you apply for government benefits. These co-workers are not authorized to access, print, edit, or share your data.

Your data may be shared with a treating physician or treating therapist in order to help provide you with appropriate medical care and mental health care. In the event of an acute public health emergency, your data may also be shared with public health officials in order to help direct and manage a quarantine. This data may be disclosed to the public health official or treating physician or therapist by any HMIS End User from the Santa Maria/Santa Barbara homeless system of care.

Your data will not be shared with prosecutors, the police, debt collectors, or a private landlord seeking eviction, unless that party has a lawful warrant or similar order from a Court.

So that the County can better understand the needs of its residents and comply with its federal data reporting obligations, your data may become part of an anonymous statistical summary, but we will not use your name or identifying information as part of any of this research.

WHAT IF I DO NOT WANT TO SHARE MY DATA?

You are not required to share any of your data. If you choose not to share your data, we will still do our best to help you access shelter and services. However, without your data, we may be unable to tell which programs you are eligible for. Collecting data also helps us measure the outcomes that our services help people achieve, like stable housing and increased income, so that we can identify and fund the best available programs to help people who are homeless.

We will attempt to contact you at least once each year to confirm that we have your continued consent to use your data. If we have no contact with you for three years, we will block access to all of your information except for your name, birthdate, photo or physical description, client ID, contact information, and/or last known whereabouts. This limited information may be used to continue to try to contact you, or to ensure that we do not accidentally create a duplicate record for you if you re-enter the database at a later date.

If you decide at any point that you no longer wish to share data, you may contact the current HMIS Lead in writing or by e-mail, and all further access to the data you specify will be blocked. As of October 2017, the HMIS Lead is the Community Services Department of the County of Santa Barbara, which can be reached by mail at 123 E. Anapamu St., 2nd Floor, Santa Barbara, CA, 93101 or by e-mail at kalbers@co.santa-barbara.ca.us.

You have a right to receive a copy of this Release of Information form upon request.

Please Initial:

_____ I give permission for my personal information to be entered into the HMIS and shared between Partner Agencies for the purposes described above. I understand that I may cancel this authorization at any time by delivering a written request to the HMIS Lead. I understand that this authorization is valid for three years from the date of signature or if I cancel it at an earlier date.

Please Sign:

_____	_____	_____
Print Name of Client or Guardian	Signature of Client or Guardian	Date

Names and Signature of Minor Children (if part of household):

_____	_____	_____
Print Name of Client or Guardian	Signature of Client or Guardian	Date

_____	_____	_____
Print Name of Client or Guardian	Signature of Client or Guardian	Date

_____	_____	_____
Print Name of Client or Guardian	Signature of Client or Guardian	Date

_____	_____	_____
Print Name of Client or Guardian	Signature of Client or Guardian	Date

_____	_____	_____
Print Name of Client or Guardian	Signature of Client or Guardian	Date

If the client has been referred for involuntary mental health services, and the client has a treating physician, psychologist, social worker, therapist, or similar individual in charge of the patient, then that individual should sign below to indicate their approval of the plan for sharing the client's data. If the client has not been involuntarily committed, then you may skip the section below.

_____	_____	_____
Print Name of Therapist	Signature of Therapist	Date