

Merced County
Homeless Management Information System

**CLIENT INFORMED CONSENT &
RELEASE OF INFORMATION AUTHORIZATION**

_____ is a Partner Agency in the Homeless Management Information System (HMIS). HMIS is a shared homeless database system administered by The Merced County Continuum of Care Collaborative. 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.)
- Federal law and regulations do not protect any information about a crime committed by a client either at the shelter or against any person who works for the shelter or about any threat to commit such a crime
- 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-3 and 42 USC 290ee-3 for federal laws and 42CFR Part 2 for federal regulations.)
- Your name, gender, race, 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 on request.

I understand that I am entitled to services even if I choose not to consent to data sharing subject to the agency's specific program requirements

I understand that I may file a grievance if I believe my privacy rights have been violated with the agency by providing written notice of the alleged violation to the Merced CoC board president.

Please initial the following consent:

No individual client data will be shared outside of the Merced County CoC HMIS or with any Regional HMIS user without explicit client permission.

_____ I give authorization for my basic and relevant information to be entered into the HMIS and shared between Partner Agencies. I understand that I have the right to receive a copy of all information shared between the Partner Agencies.

I understand that I may cancel this authorization at any time by written request.

Print Name of Client or Guardian

Date

Signature Of Client Or Guardian

Date