

# Client Release of Information

## Spokane HMIS

**IMPORTANT: Do not enter personally identifying information into HMIS for clients who are: 1) in DV agencies, 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation; or 3) do not want to provide personally identifiable information. *If this applies to you, STOP- Do not sign this form.***

This agency participates in the Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of men, women, and children experiencing homelessness.

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 the region. In order to make sure that clients are not counted twice if services are received by more than one agency, we need to collect some personal information. Some, but not all of the data elements we need include: **name, birth date, race, sex, and social security number**. You may be asked questions on topics like: income sources, veteran status, education, and disabilities. This information is used to improve the quality of service you, and others like you, receive. You have the **right** to refuse to provide information.

- We will guard this information with strict security policies to protect your privacy. Our database is highly secure and uses up-to-date protection features such as data encryption and unique passwords for each system user. There is a very small risk of a security breach, but the possibility does exist that someone might obtain and use your information inappropriately. If you **ever** suspect the data in HMIS has been misused, immediately contact City of Spokane, HMIS Program Manager, at 509.625.6094. Alternatively, you can contact the agency that initially collected your data.
- In order to get an accurate count of all people experiencing homelessness in the region and improve homeless services that you and others like you receive, the information you provide might be shared with other service agencies and the Washington State Department of Commerce. You may request a comprehensive list of agencies that have access to your information via written or verbal request to the agency that collected your information. A list of agencies is also posted at <https://my.spokanecity.org/chhs/hmis/>.
- Each participating agency is responsible for obtaining its own HMIS Release of Information (ROI) prior to entering any client Personally Identifiable Information (PII) data into the HMIS.
- Additional disclosures beyond those outlined here are permissive and not mandatory. These are described in the Spokane Continuum of Care (CoC) HMIS Policies and Procedures Manual, available at <https://my.spokanecity.org/chhs/hmis/>.
- Information will be stored in the HMIS database no longer than 7 years, or when the information is no longer in current use.
- The information you provide for inclusion 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 services. However, if you do choose to provide information, services in the region may improve if we have accurate information about individuals experiencing homelessness and the services they need.
- I understand that my HMIS information may be used to conduct client satisfaction survey's relating to any project offered and controlled by this Release. Client survey's will only be completed by the City of Spokane, CHHS staff.

I consent to the inclusion of personal information in HMIS about me and any dependents listed below and authorize information collected to be shared with other service agencies and the Department of Commerce. 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.

I do not consent to the inclusion of personal information about me or any of my dependents.

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Dependent Children Name(s) if applicable:

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

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

\_\_\_\_\_  
CLIENT SIGNATURE (Adult) Date

\_\_\_\_\_  
CLIENT SIGNATURE (Adult) Date

\_\_\_\_\_  
CLIENT NAME (Printed)

\_\_\_\_\_  
CLIENT NAME (Printed)

\_\_\_\_\_  
CLIENT SIGNATURE (Adult) Date

\_\_\_\_\_  
STAFF NAME (Printed) Date

\_\_\_\_\_  
CLIENT NAME (Printed)

\_\_\_\_\_  
STAFF SIGNATURE

Agency: \_\_\_\_\_

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## For Staff Use Only

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### No Consent

Client indicated that they were currently fleeing, or were in danger, from a domestic violence, dating violence, sexual assault, or stalking situation and/or refused to provide consent.

### Telephonic Consent

Staff obtained telephonic consent from client and dependents under 18 as listed above. Note: Written consent must be obtained at the first time the client is physically present at an organization with access to the HMIS system.

Staff Name: \_\_\_\_\_

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

Date: \_\_\_\_\_