Client Release of Information

Spokane HMIS

IMPORTANT: Do not enter personally indentifying 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. We need**: name, birth date, race, ethnicity, social security number, etc.** 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 this information.

- We will guard this information with strict security policies to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption and unique passwords for each system user. There is a small risk of a security breach, and 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 System Administrator, at 509.625.6325.

- The information you provide will be combined with data from the Washington State Department of Commerce and the Department of Social and Health Services (DSHS) for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited few staff members at these agencies who have signed confidentiality agreements will be able to see this information.

- 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 outreach, shelter or housing. 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.

- In order to get an accurate count of all people experiencing homelessness in the region, the information you provide might be shared with other local service agencies. 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.

☐ **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 local service agencies. 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 consent to the inclusion of personal information in HMIS about me and any dependents listed below, but do NOT authorize information collected to be shared with other local agencies, aside from those partnering with the collecting agency for the purpose of coordinating my services. I recognize that my information will still be viewable by the HMIS Coordinator at the City of Spokane and the Washington State Department of Commerce.**

Client Release of Information

Spokane HMIS

Dependent children under 18 in household, if any (please print first and last names):

_____ _____

_____ _____

_____ _____

_____
CLIENT SIGNATURE (adult) Date

_____
CLIENT NAME (Printed) Date

_____
CLIENT SIGNATURE (adult) Date

_____
CLIENT NAME (Printed)

_____
CLIENT SIGNATURE (adult) Date

_____
CLIENT NAME (Printed) Date

_____
Staff Name (Printed)

_____
Staff Signature Date

_____
Agency

For Staff Use Only

☐ **Client did NOT consent to the inclusion of personal information in HMIS for themselves or any dependents.**

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 (Printed)

_____
Staff Signature Date

_____
Agency