



PWA CoC Homeless Management Information System Client Consent for Release of Information

When you give us information about yourself, we are required to put some of the information into a computer system called the Homeless Management Information System (HMIS). All PW emergency shelters, transitional housing programs, permanent supportive housing programs and homeless prevention programs also use the same system because our federal and state funding sources require participation, and we believe it helps us do a better job of providing services to you.

This HMIS Notice and Consent to Share Information describes why the information is needed, how it may be used and how you can get access to the information. Please review it carefully. If you have any questions or desire any further information regarding this form, please contact your case manager at the agency requesting you sign this release.

We are committed to keep your information safe and secure:

- The computer program we use has the highest degree of security protection available
- Any information that could identify you, like your name or birth date, is only available to PW HMIS participating agencies
- Personally identifiable information is removed before reports are issued to local, state or federal agencies
- PW HMIS Agencies must purchase a license for each employee using the system
- Employees receive training in confidentiality and privacy protection and comply with confidentiality requirements
- Information is only available to agencies affiliated with PW HMIS who have signed Agency Agreements
- Information will only be available to non-PW HMIS agencies, individuals or entities with your written authorization

Information input into the PW HMIS database is used to:

- provide individual case management
- track individual program outcomes
- provide accountability to federal, state, local and private funding sources that make our services possible
- identify unfilled service needs and plan for the provision of new services
- allocate resources among agencies engaged in the provision of services
- produce PW HMIS combined reports on the nature and extent of homelessness and utilization of services as required by state and federal funding programs

As a client receiving services, you have the following rights:

1. **Access to your record.** You may view your HMIS record. Upon request, we will prepare a report of your records or assist you in viewing the record.
2. **Correction of your record.** You may request to have your record corrected so the information is up to date, accurate and ensures fairness in its use.
3. **Refusal.** You may refuse consent. You will not be denied services that you would otherwise qualify for if you refuse to sign this HMIS Notice and Consent to Share Information among our HMIS participating agencies. Please note that if you refuse, the information will still be entered into the system for statistical and reporting purposes, but your information will be closed so that no other agency user has access.
4. **Withdrawal of Consent.** Your consent to share information can be withdrawn at any time with written notice.
5. **Appeal.** You have the right to appeal to the PW HMIS Committee if you believe your privacy rights have been violated and will not be denied services due to the appeal.

I have received and reviewed a copy of this HMIS Notice and Consent to Share Information. By signing this HMIS Notice and Consent to Share Information I understand that the information shared will be effective the date of entry into the program through _____ (end date) and my individual information and that of my family will be entered into the PW HMIS system for statistical and reporting purposes and shared among the PW HMIS Agencies to provide services to us.

I understand and acknowledge that the Agency is required to abide by the terms of this notice but that the Agency reserves the right to change the terms of this notice and to make such revised or changed notice effective for information already held by the Agency as well as information received in the future.

Signature: _____

Agency Name: _____

Print Name: _____

Agency Representative: _____

Date: _____

Print Name: _____

Date: _____