Fresno Madera Continuum of Care
Client Informed Consent & Release of Information Authorization
Homeless Management Information System (HMIS)

_____is a Partner Agency in the Homeless Management Information System (HMIS). HMIS is a shared homeless and housing database system administered by The Housing Authority City of Fresno. 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, basic information (referred to as Universal Data Elements [UDE'S] are listed below will be collected about you, the services provided to you, and the outcomes these services help you to achieve;

1. Name
2. Social Security Number
3. Date of Birth
4. Race
5. Ethnicity
6. Gender
7. Veteran Status
8. Disabling Condition
9. Residence Prior to Project Entry
10. Project Entry Date
11. Project Exit Date
12. Destination
13. Personal ID
14. Household ID
15. Relationship to Head of Household
16. Client Location Code
17. Length of Time of Street, in an Emergency Shelter or Safe Haven

As stated in our Notice of Privacy Policy, we are required by law to maintain the privacy of this information and explain how, when and why we may use or disclose any of this information.

- 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.)
- Your name, gender, race, social security number and date of birth and other UDEs may be shared with Partner Agencies for Identification purposes even if you elect not to share other sensitive information.
- Sensitive information, such as diagnosis or treatment or 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 upon request.
- Authorizing your information to be entered into the HMIS is voluntary.
- Refusing to do so will not limit your access to shelter or services.

SAMPLE

Please initial ONE of the following levels of consent:

____ (1) I give authorizations for my basic information (UDEs) 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.

____ (2) I give authorization for my basic and relevant information to be entered into the HMIS, but not shared between Partner Agencies.

I understand that I may cancel this authorization at any time by written request, but the cancellation will not be retroactive. I understand that I have the right to view my HMIS record and will have a report prepared within 72 business hours of my written request. I understand that if I refuse consent to share this information I cannot be denied services. I understand that this release is valid for _____ from the date of my signature.

_____	_____
Print Name of Head of Household Date	Print Name of Spouse Date
_____	_____
Signature of Head of Household Date	Signature of Spouse Date

SAMPLE