

# HOMELESS MISSOURIANS INFORMATION SYSTEM

## Client Consent--Release of Information

The Homeless Missourians Information System (HMIS) serves the Missouri Statewide Continuum of Care, a group of partner agencies working together to provide services to homeless and low-income individuals and families in Missouri. The Statewide Continuum of Care is also partnered with other Continuums of Care that provide these services in the urban areas of the state. The agencies in the Statewide Continuum of Care include shelter, housing, food, state, private and non-profit social service agencies, and faith-based organizations.

The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

### **BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:**

I authorize the partner agencies and their representatives to share the following information regarding my family and me. I understand that this information is for the purpose of assessing our needs for housing, utility assistance, food, counseling and/or other services.

The information may consist of the following:

- My financial situation, to include the amount of my income, and any savings of money and/or food stamps I may have. This information may also include debts I owe for utilities, rent, etc.
- Identifying and/or historical information regarding myself and members of my household.

### **I UNDERSTAND THAT:**

- Information I give concerning physical or mental health problems will not be shared with other partner agencies in any way that identifies me.
- The partner agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS.
- Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end homelessness.
- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- This authorization will remain in effect for twelve months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement available at any partner agency.
- If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the partner agencies.
- I have the right to request information about who has accessed my information.

Partner Agencies: A list of the partner agencies within the Statewide Continuum of Care may be viewed prior to signing this form.

\_\_\_\_\_  
Client Name (*please print*)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Personnel Name (*please print*)

\_\_\_\_\_  
Agency Personnel Signature

\_\_\_\_\_  
Date

This form may not be amended except by the HMIS Steering Committee. Proposals for changes may be sent to [hmis@masw.org](mailto:hmis@masw.org)

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