

San Bernardino County Homeless Partnership Continuum of Care Homeless Management Information System (SBCHP CoC HMIS)

Client Consent and Information Release

I. What You Need to Know Before You Sign

The SBCHP CoC HMIS is a web-enabled database used to store information about clients utilizing housing and homelessness services in San Bernardino County. _____ will gather and maintain data to: (a) provide individual case management; (b) produce reports regarding utilization of services; (c) track individual program outcomes; (d) provide accountability for individuals and entities that provide funds for use in the San Bernardino County Continuum of Care; (e) identify unfilled service needs and plan for the provision of new services; (f) allocate resources among agencies engaged in the provision of services in and around San Bernardino County; and (g) be used for all other purposes deemed appropriate by the SBCHP CoC HMIS. Generally an agency may not disclose any information contained within this system which could identify a client unless:

1. The clients consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research audit or program evaluation.

By law, we must protect the privacy of your information, tell you about your rights, and tell you about how we keep your information private.

Child Abuse and Neglect: By law, we are required to report a life-threatening situation to you or others, and/or a suspicion of child abuse or neglect.

Agencies that have been granted access to the SBCHP CoC HMIS have agreed to abide by all laws and SBCHP CoC HMIS Policies and Procedures pertaining to client confidentiality and user conduct. All agencies will also keep Client Consent/Information Release form for all individual client data that is shared to non-custodial agencies where the internal policy of the agency allows data sharing.

II. What information is shared about you?

- Based upon the agency standards for data sharing, Basic Client Intake Information will be shared with agencies participating in SBCHP CoC HMIS in an effort to prevent client duplicative intake processes. The information that will be shared includes Basic Client and Household Intake Information and Employment/Education History.
- In an effort to streamline the Scope of Care of the client and/or the client's family Program Level and Service Level data will only be shared with other SBCHP CoC HMIS participating agencies that have signed the Interagency Data Sharing Agreement section of the HMIS Participating Agency Agreement.
- Aggregate (de-identified) data will be used to produce region-wide reports.
- All agencies, which have been granted access to the SBCHP CoC HMIS, have agreed to abide by all laws, and the SBCHP CoC HMIS Policies and Procedures pertaining to client confidentiality and user conduct. Individual client data is available through the SBCHP CoC HMIS to non custodial agencies only in cases where the internal policies of the agency entering the data, specific inter-agency data sharing agreements and client consent forms allow such sharing.

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Client Consent and Information Release Authorization

By signing below, I understand and acknowledge that based on the Agency's policy I have a right to:

- ✓ Request the Agency communicate with me about my services in a manner designed to promote confidential communications;
- ✓ Not answer any questions unless entry into the Agency's program requires it;
- ✓ Receive services if I do not allow this agency to enter information about me in SBCHP CoC HMIS;
- ✓ Inspect, copy, and request amendment of records maintained by the Agency related to the provision of services to me and to receive a paper copy of this form;
- ✓ Request restriction of how my data, information and records are utilized and disclosed but that the Agency is not required to agree to such requested restrictions;
- ✓ Decline consent to share the basic Client Intake information outlined above;
- ✓ Sign a written request to remove my consent at any time; and
- ✓ File a grievance with the Agency or the Administrative office by providing a written notice of the alleged violation, if I believe my privacy rights have been violated and that I will not be retaliated against for filing such a complaint.

_____ **Please initial that you understand your rights**

By signing below, I also understand and acknowledge that:

- ✓ The confidentiality of my records is protected by law and the Agency will never give information about me to anyone outside the Agency without my written consent or as required through a court order;
- ✓ In addition to Client Intake Information, the Agency may share Program Level data with only other SBCHP CoC HMIS participating agencies in an effort to streamline the my Scope of Care;
- ✓ If I choose to remove consent, I understand that my data may be disclosed to SBCHP CoC HMIS and included in an aggregated and de-identified form for purposes of making future policy and program decisions;
- ✓ This release is valid for seven (7) years after the last time I receive services from the Agency; and
- ✓ The Agency is required to abide by the terms of this notice but the Agency reserves the right to change the terms and to make such change effective for information already held by the Agency as well as information received in the future.

SIGNATURE OF CLIENT or GUARDIAN

DATE

SIGNATURE OF AGENCY WITNESS

DATE