CLIENT ID

   

## Client Consent to Release Information for Data Sharing in Lane County

Lane County’s Client and Homeless Management Information System (C/HMIS) is a computer system called ServicePoint that is used to collect and share information on homelessness and social services. The information gathered by C/HMIS, in addition to creating a non-repeated count of people receiving social and/or homeless services and developing combined information that will assist in developing policies to end homelessness, helps the County and service agencies plan and deliver services that help people in need. By sharing information with each other, agencies are able to simplify service delivery by tracking services and referrals provided to the persons they serve.

The C/HMIS runs in compliance with all Federal and State laws and codes, including Health Insurance Portability and Accountability Act (HIPAA). All privacy procedures are designed to insure that the broadest range of providers may participate in the project. 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 ended and may be subject to further punishments. Any information you provide will not be disclosed to any third party unless authorized by you or required by law. We are required to report some information because of federal, state or funder requirements.

Please read the following statements (or ask to have them read to you), and make sure you have had an opportunity to have your questions answered.

I UNDERSTAND THAT:

* The partner agencies may share basic identifying information about the people they serve with other parties working to end homelessness and provide other social services.
* The release of my information does not guarantee that I will receive assistance.
* I will not be denied services if I refuse to consent to data sharing.
* This authorization will remain in effect 10 years after my latest project exit unless I revoke it in writing. I may revoke authorization at any time by signing a written statement or Revocation form.
* I understand that cancelling my authorization will not change information that has already been given out or actions already taken, but the revocation will be effective as of that date.
* I have the right to see my C/HMIS record, ask for changes, and to have a copy of my record from this agency upon written request.
* I have the right to file a complaint if I feel I have been harmed in some way by the use of C/HMIS.
* I have the right to receive a copy of the C/HMIS Notice to Clients of Uses and Disclosures.

Certain minimum client information is shared throughout our C/HMIS in order to avoid creating duplicate client records. Authorized C/HMIS persons at participating community agencies will be able to see the following data elements of all client records:

• First Name • Last Name • Date of Birth • Gender  
• Veteran Status • Social Security Number (required for specific services)

Maintaining the privacy and safety of those using our services is very important to us. Your record will only be shared if you give us permission to do so. There may be risks and/or benefits for you to consider before you decide whether or not to consent to the release of information.

Your data will be entered into C/HMIS by the agency providing services, but not shared with other Providers if you check “No”

You cannot be denied services that you would otherwise qualify for if you choose not to share information. However, even if you choose not to share with others, we will report some information because of our federal and state requirements.

See web site for updated list: <http://www.lanecounty.org/government/county_departments/health_and_human_services/human_services_division/hmis_cmis_servicepoint/>

By writing your initials below next to YES or NO, you agree to share the following level of information for yourself and all household members listed below with other Lane County C/HMIS partner agencies:

|  |  |  |
| --- | --- | --- |
| YES  Okay to share | \_\_\_\_\_ 1) | In addition to the minimum required data elements (Name, DOB, Gender, Veteran Status, SSN), I agree to share additional demographic information (including Race and Ethnicity), program enrollment and exit Information, information about the nature of my situation, services and referrals I receive, and contact information via the Lane County C/HMIS with other Lane County C/HMIS partner agencies. |
| NO  Do not share | \_\_\_\_\_ 2) | Beyond the minimum required data elements (Name, DOB, Gender, Veteran Status, SSN), I DO NOT agree to share any additional information through the Lane County C/HMIS with other Lane County C/HMIS partner agencies |

PRINT the names and dates of birth of all household members participating in services:

|  |  |
| --- | --- |
| Full Name | Date of Birth |
|  |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

|  |  |
| --- | --- |
| Full Name  Primary Applicant | Date of Birth |
| 6 |  |
| 7 | Head of Household CLIENT ID |
| 8 |  |
| 9 |  |
| 10 |  |

*Household members for whom the head of household can’t share data (unrelated adults) need their own release.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Primary Applicant** - (Head of Household) Name (please print) |  | **Primary Applicant** Signature |  | Date |
|  |  |  |  |  |
| **Agency Personnel** Name (please print) |  | **Agency Personnel** Signature |  | Date |