



Homeless Management Information System (HMIS) Release of Information (ROI) Consent Form

IMPORTANT: Do not enter personally identifying information into HMIS for clients who are:

- 1) in Domestic Violence agency programs or;**
- 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation;**
- 3) are being served in a program that requires disclosure of HIV/AIDS status (i.e.; HOPWA); or**
- 4) under the age of 13 with no parent or guardian available to consent to enter the minor's information in HMIS.**

*If this applies to you, **STOP- Do not sign this form and let this agency staff know.***

This agency participates in the Clark County, WA and Washington State Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of people experiencing homelessness and housing instability.

To provide the most effective services we need an accurate count of all people experiencing homelessness in Clark County and Washington State. In order to make sure that clients are not counted twice if services are received by more than one agency, we need to collect some personal information.

We will guard this information with strict security policies to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and identity checks required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact the Clark County, WA HMIS System Administrator at (360) 993-9571.

The data you provide may be combined with other data from the Washington State Department of Social and Health Services (DSHS) and Education Research and Data Center, and Providence St. Joseph Health strictly for the purpose of analysis, research, and planning. **Your name and other identifying information will not be included in any public reports or publications.** Only a few limited staff members from Clark County, WA Community Services Department, WA State Department of Commerce HMIS Team, Council for the Homeless, the research division of DSHS, and Providence St. Joseph Health who have signed confidentiality agreements will be able to see this information.

Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive from this agency, and will not be used to deny outreach, shelter, or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about individuals who are homeless and the services they need.

I consent to the inclusion of personal information in HMIS about me and any dependents listed below and authorize information collected to be shared with partner agencies. I understand that my personally identifying information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time.

Dependent children under 18 in household, if any (first and last names):

_____	_____
_____	_____

CLIENT SIGNATURE
 (PARENT/GUARDIAN)

START DATE

END DATE

CLIENT NAME

DATE OF BIRTH

STAFF NAME

Check ONLY one below:

☐ **I DO consent** to the inclusion of personally identifying information about me and my dependents (listed above) and authorize information collected to be shared in the Clark County HMIS. Personally identifying information includes name, social security number, date of birth, demographics, and last and future permanent addresses.

OR

☐ **I do NOT consent** to the inclusion of personally identifying information about me and my dependents (listed below) for use in the Clark County HMIS. Personally identifying information includes name, social security number, date of birth, demographics, and last and future permanent addresses. Non-identifying information will still be collected and shared only as needed and required by funders.

CLIENT SIGNATURE (PARENT/GUARDIAN)

DATE

WITNESSED BY