

## HMIS Informed Consent and Release of Information Authorization

Our agency utilizes a secure database known as the Homeless Management Information System (HMIS) to collect and track all meaningful information related to our clients. Any personal information gathered is used to improve access to and coordination of services available within our community and fulfill requirements as dictated by the U.S. Department of Housing and Urban Development (HUD).

By signing this form, I grant permission to this agency to share any and all information regarding me and/or my dependents (if applicable) with partner agencies utilizing HMIS in the Memphis/Shelby County area, OR for the purposes of coordinated services, such as:

- Name
- Date of birth
- Gender
- Race
- Ethnicity
- Social security number
- Phone number
- Address
- Program enrollments and assessments
- Housing information
- Use of crisis services, hospitals, and jails
- Pertinent medical, mental health, and substance abuse history
- Employment, income, insurance, and any received benefits
- Case notes and services provided by partner agencies
- Public Health Emergency Information (i.e., COVID-19 Assessment Information)

### **By signing this form, I acknowledge my rights as an HMIS participant:**

- I am entitled to a copy of this release form.
- I may revoke this release, at any time, by delivering or mailing a written statement canceling my consent to this agency. Revoking my release *will not* remove any information shared in HMIS while my release was in effect; revoking only applies to any additional information entered on or after the date the release was revoked.
- I understand that, upon my request, this agency is required to provide me with a list of current partner agencies participating in HMIS, with which my information is shared.
- I am aware that this release is not an exhaustive list of how my information may be shared, and that further guidance is available in the Continuum of Care's Privacy Notice, by which this agency abides; and, I have been referred to the privacy notice either in paper copy or online.

### **By signing this form, I acknowledge that this agency is dedicated to securing all personally identifiable information shared through the following means:**

- Log-in access that relies on multi-factor authentication and two-factor Authentication (2FA) requirements for all end-users.
- Password policy enforcement, including password complexity, maximum login attempts, self-service recovery, and other password settings.
- System encryption: by default, HMIS traffic is 2,048-bit SSL encrypted at transit and at rest. All API traffic (i.e., data visualizations) are further AES-encrypted.

- Ensured compliance with criteria established in the HMIS Proposed Rule and 2004 Data and Technical Standards Notice (available online).
- Ongoing HMIS adherence to HUD-related regulations, including Federal and State Confidentiality, and the Health Insurance Portability and Accountability Act (HIPAA).

***IMPORTANT:*** To ensure the absolute safety of our clients, we do not enter any personally identifying information into HMIS for clients who are: 1) in a domestic violence agency; 2) currently fleeing or in danger from a domestic violence situation, including dating violence, sexual assault, stalking, or other qualifying situation. **If any of the above situations apply to you – DO NOT SIGN THIS FORM.**

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Client Name (Print)

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Client Name Signature

Date

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(Dependent Under 18, please print first and last name)

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(Dependent under 18, please print first and last name)

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(Dependent Under 18, please print first and last name)

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(Dependent Under 18, please print first and last name)

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Staff Name (Print)

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Staff Signature

Date