

Nashville-Davidson County HMIS: Client Release of Information



_____ (Print Agency Name)
is a Participating Agency in the Nashville-Davidson County HMIS.

The Nashville-Davidson County Homeless Management Information System (HMIS) is a secure, encrypted, web-based record-keeping system that maintains information about people experiencing a housing crisis in Nashville, including their service needs. This information is utilized to provide supportive services to you and your household members.

What information is shared in HMIS? We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services, and to better understand your needs. We only collect information that we consider to be appropriate. Relevant information shared by HMIS Participating Agencies upon your consent includes name, date of birth, social security number, gender, race, ethnicity, housing and homelessness history, history of income and benefits, self-reported disabling conditions, your case notes and services, your veteran status, your household composition, your emergency contact information, any history of domestic violence, assessment questions relevant to providing services related to your housing, and, optionally, your photo. The allowable HMIS uses and disclosures of your information include providing or coordinating services; for functions related to agencies' payment or reimbursement for services; to carry out administrative functions, including but not limited to legal, audit, personnel, oversight, and management functions; for academic research purposes by an institution or organization under agreement with the HMIS lead agency; or for creating de-identified reports. Other uses and disclosures required by law include those necessary to avert a serious threat to health or safety; those related to victims of abuse, neglect, or domestic violence when required by law; or disclosures for law enforcement purposes such as a subpoena.

How do you benefit from sharing your information? Data sharing—or the authorization for multiple HMIS Participating Agencies in Nashville to view your data in HMIS—may help limit the number of times you must recount your story, and it improves collaboration and the flow of information among service providers, allowing them to provide faster and better services to you and streamline housing and service referrals.

Who can have access to your information? With your written or verbal consent, your information will be shared with other HMIS participating agencies in Nashville. Your personal identifying information will not be shared with any agency not participating in Nashville's HMIS. Giving consent for your identifying information to be shared among partner agencies is voluntary and refusing to give consent will not deny your assistance. With this consent, staff may contact you, your case manager, your housing navigator, or another contact person given, about your assessment information, housing referrals, or service referrals.

How is your personal information protected? Your information is protected by the federal HMIS Privacy Standards and is secured by passwords and encryption technology. Each participating organization and HMIS user has signed an agreement to maintain the security and confidentiality of your information.

With your informed consent, you understand and agree that:

- You have the right to receive a copy of this ROI.
- Your consent permits HMIS Participating Agencies to view and update your information in HMIS when necessary. You may request an updated list of HMIS Participating Agencies from your case manager.
- Your consent is valid for three (3) years from the date given.
- You may revoke this consent at any time by contacting your case manager or Housing Navigator, and from that date forward, your information will no longer be shared, though the originally entered information will stay in HMIS.
- Aggregate or statistical data that is reported from HMIS will not disclose any of your personal identifying information. For the purposes of reporting requirements and advocacy, your information will be de-identified.
- If you believe that your information in HMIS is incorrect or incomplete, you have the right to request a correction. You have a right to view information in your electronic HMIS record and to have a copy of that information provided to you. You may also ask to see a list of the persons who have viewed or updated your client record.

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Signature and Acknowledgement:

By initialing and signing below, I acknowledge that I have read, or have had read to me, all of the information above, and that I have chosen to sign or verbally consent to this form voluntarily. I also understand that participating in HMIS does not guarantee that I will be called for housing or that I will receive housing. I also hereby agree that the information released will be used only for the purposes provided and will not be released to any other individual, agency, or organization outside of HMIS.

Printed Name of Client:

Date:

Client's Authorizing Signature:

Verbal Consent

Date:

Name of Agency Representative:

Date:

Agency Representative Signature:

Date:

_____ I **do not consent** to share information with other HMIS participating agencies.

Complete a form for each adult in the household. Include dependents on Head of Household (HOH)'s form.

Dependents included in this Release of Information:

Client's Name:	Relationship to HOH:
SSN:	Date of Birth:

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SSN:	Date of Birth:

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