

# *Stanislaus County HMIS*

## **Client Informed Consent and Release of Information**

When you request or receive services from \_\_\_\_\_ (Agency Name), we collect information about your household and enter it into the Stanislaus County Homeless Management Information System (HMIS) data base, called ClientTrack.NET™, that helps us keep track of that information. This program is used by many agencies throughout Stanislaus County who are participating members of the Stanislaus Housing & Support Services Collaborative (SHSSC), who provide services to homeless and low-income persons and families.

**What information is collected?** Depending on your situation, you may be asked for some or all of the following:

- Basic identifying information (may include name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, military veteran status, whether or not you have a disability)
- Housing information (may include address, type of housing, homeless status, reason for homelessness)
- Income information (sources and amounts of household income, employment information, work skills)
- Legal history/information
- Medical information
- Services needed and provided; outcomes of services provided

**What happens to the information collected?**

- Detailed information collected will not be shared between agencies using Stanislaus County HMIS.
- The identifying information collected is entered into the Stanislaus County HMIS data base and only used by authorized persons, at the agency, who collected the data.
- Collectively, data on the homeless population in Stanislaus County (but not personal identifying information) is used in county, statewide and nationwide reports on homelessness and in reports required by the agencies funding the services you are receiving.

NOTE: Many security protections are used to ensure confidentiality and only SCHSSC agencies that use Stanislaus County HMIS can access this program.

**Why should you agree to have your information entered into Stanislaus County HMIS/ClientTrack.NET™ Data Base?**

By sharing your information with these agencies, you will help them:

- Identify other services or programs you may be eligible for,
- Better coordinate services for you and your household,

- More accurately count the number of homeless persons, services available and services needed,
- Show the people who fund homeless programs that the services are needed and
- Obtain other funding for programs that serve homeless persons.

***(Please Choose and Initial one of the Following Options)***

_____ <i>(initials)</i>	I give authorization for the following information to be entered into the Stanislaus County HMIS Data Base.  The Department of Housing and Urban Development's (HUD) HMIS <b>Universal Data Elements</b> ; <i>Name, Social Security Number, Date of Birth, Ethnicity and Race, Gender, Veterans Status, Disabling Condition, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Program Entry Date and Program Exit Date, but not shared between SHSSC partner agencies.</i>
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_____ <i>(initials)</i>	I give authorization for the following information to be entered into the Stanislaus County HMIS Data Base.  The HUD HMIS <b>Universal Data Elements</b> and the HUD HMIS <b>Program-Specific Data Elements</b> ; <i>Income and Sources, Non-Cash Benefits, Physical Disability, Developmental Disability, HIV/AIDS, Mental Health, Substance Abuse, Domestic Violence, Services Rendered and Destination, but not shared between SHSSC partner agencies.</i>
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I understand that I may cancel this authorization at any time by written request, but the cancellation will not be retroactive. I understand that I have the right to view my HMIS record and will have a report prepared within 72 hours of my written request. I understand that if I refuse consent to share this information I cannot be denied services. Please note that if you refuse, basic information will be entered into the HMIS system for statistical purposes. This information will assist us in verifying the unduplicated count is authentic. **This release expires one (1) year from the date signed below.**

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Client**