
Colorado Homeless Management Information System
Client Informed Consent/Release of Information Authorization
Effective Date: September 1, 2009

This notice explains how information about you may be used and shared. It also tells you how you can access your information. Please read it carefully.

What is the Colorado Homeless Management Information System (HMIS)?

(Agency Name) will collect information about you and your family to provide you services. We ask your permission to use this information for the Colorado Homeless Management Information System (Colorado HMIS).

What You Need to Know Before You Sign:

◆ **What information is collected about you?**

You may be asked for the following:

- Your name
- Your Social Security Number
- Your date of birth
- Your gender
- Your race
- Marital status
- Your family members
- Your phone numbers
- Military veteran status
- Whether or not you have a disability
- Your address
- Type of housing
- Homeless status
- Reasons for homelessness
- Household income
- Employment information
- Work skills
- Medical information, mental health, substance abuse and pregnancy status
- Domestic violence history
- Services needed and provided; and
- Outcomes of services provided

◆ **Why is the information collected?**

- To better determine your needs and the needs of others;
- To track if your needs were met;
- To improve how services are provided;
- To count the number of people who are homeless;
- To count the total number of people in our program;
- To find out what services are available and what other services are needed;
- To report back to agencies that provide us funding;
- To obtain new funding for programs that serve people who are homeless or at risk of becoming homeless;
- For research purposes on homelessness

◆ **What happens to your information should you choose to participate?**

- Your information is given a special code to help us uniquely identify you.
- Security protections are in place to keep your information safe.
- Only the agency entering the information and the system administrators can see your information.
- We are required to protect the privacy of your personal identifiable information. We may use or disclose your information to evaluate services needed, to impact public policy and to understand the homeless and at risk population. Your personal information is **not** provided to the federal government agency.
- Your information will not be used for any other purposes without your written consent.
- Your information will be kept for a minimum of seven (7) years after you stop getting services.

◆ **What are the risks?**

While security protections have been put into place to keep your information safe, it is not possible to guarantee the absolute safety of the data contained in your records.

◆ **You do not have to participate** and you will not be denied services if you choose to not to participate in Colorado HMIS, but there may be some programs that would require your participation in Colorado HMIS.

◆ **By law, we must** protect the privacy of your information, tell you about your rights, and tell you about how we keep your information private.

◆ **Exceptions; By law,** we are required to report a life-threatening situation to you or others, and/or a suspicion of child abuse or neglect.

◆ **What are your rights?**

- You have the right to get services even if you choose NOT to participate but there may be some programs that would require your participation in Colorado HMIS.
- You have the right to ask for information about who has seen your information.
- You may cancel this agreement at any time and your information would not be included in Colorado HMIS.
- You have the right to see your information and change it if it isn't correct.
- You have the right to file a complaint. If you believe that your privacy has been violated. Send this complaint in writing to the Colorado Coalition for the Homeless, Attention: Quality Assurance Department, Denver, Colorado, 80205. There will be no punishment against you if you file a complaint.

Contact Information:

If you have any questions about The Colorado Homeless Management Information System, or any questions about your rights that cannot be answered by the serving agency, please call Colorado Coalition for the Homeless at 303-312-9833. Office hours are Monday through Friday, 8 a.m. to 5 p.m. Voice mail may be left after office hours.

Colorado Homeless Management Information System
Client Informed Consent and Release of Information Authorization

The servicing agency has explained to me that they will collect information about me and/or my family to help them provide me with the best possible services. This form explains my options and rights regarding my participation in Colorado Homeless Management System (HMIS).

Put your initials next to the statements that you understand and agree to:

- _____ I understand that this written consent allows the servicing agency to enter, see, and update information about my family and me in Colorado HMIS.

- _____ I understand that the confidentiality of my records is protected by law. I understand that the servicing agency will never give information about me to anyone outside the agency without my written consent or as required by law.

- _____ I understand that I may submit written request to remove my consent at any time. I also understand that once this has occurred that my information will be withdrawn from Colorado HMIS.

- _____ I understand that I have the right to see my information, request to change it, and to have a copy of that information from the servicing agency by written request.

- _____ I understand that the information in this system will not be used to deny me services such as emergency assistance, outreach, shelter, or housing assistance.

- _____ I understand that I can still receive services if I do not allow the servicing agency to include my information in Colorado HMIS and that some programs are exempt and may require HMIS participation in order to receive services.

- _____ I understand that this release is valid for a minimum of seven (7) years after the last time I receive services from the servicing agency.

This release applies to (print name & relationship to head of household):	(Agency Use – PIN # & Client ID)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

 Signature of Client/Guardian Date

 Signature of Agency Witness Date