



San Luis Obispo County Continuum of Care Homeless Management Information System

Consent for Release of Information

The San Luis Obispo County Continuum of Care (CoC) Homeless Management Information System (HMIS) is a secure database used to collect data on the housing and services provided to individuals and families experiencing homelessness and persons at risk of homelessness. Providers participating in a HMIS are required to collect universal data elements from all clients, including Personally Identifiable Information (PII), demographic characteristics, and residential history. This information is critical for providers and communities to better understand the extent and nature of homelessness at a local level, evaluate program effectiveness, and improve future housing and service provision. Some providers are also required by their funders to obtain certain additional information to determine eligibility, and to monitor outcomes. Most federally-funded homeless service providers are required to participate and record the clients they serve in an HMIS.

This Agency participates in HMIS and shares information with other HMIS Participating Agencies to help coordinate the most effective services for you and your household members.

What information is shared in HMIS?

Standard Information	Personal and Health Information
<ul style="list-style-type: none">• Name• Date of Birth• Age• Gender• Veteran Status• Partial SSN• Race and Ethnicity	<ul style="list-style-type: none">• Disabling Conditions, including substance use disorder and mental health conditions• Health Insurance Information• Homeless History• Employment Status• Sexual Orientation• Educational History• Domestic Violence Survivor data, if applicable.

How your information will be used?

- To provide or coordinate services on behalf of an individual or household;
- For payment or reimbursement for services;
- To carry out administrative functions, including but not limited to oversight and management functions; or
- For creating summary reports without identifying you or confusing you with someone else
- For additional, specific uses defined in the HMIS Privacy Policy.

Who can have access to your information?

Your information will be shared with other San Luis Obispo CoC HMIS Participating Agencies that agree to maintain the security and confidentiality of the information. For additional coordination of care and deduplication, your information



may be shared with the Santa Barbara/Santa Maria CoC-CA 603 or the State of California's Homeless Data Integration System, HDIS. A list of HMIS Participating Agencies is available upon request.

How is your personal information protected?

The information that is collected in HMIS is protected by limiting access to the database and by limiting with whom the information will be shared, in compliance with the standards set forth in federal, state and local regulations governing confidentiality of client records. Each person and agency that is authorized to read or enter data into HMIS has signed an agreement to maintain the security and confidentiality of the information. HMIS data is secured by passwords and encryption technology.

By signing this form, you understand and agree that:

- Your refusal to share information will not be used to deny you services at this agency.
- You have a right to see your information, request to change it, and have a copy of your information from the servicing agency by written request. You may also request assistance from this agency in documenting your history of homelessness to qualify for certain programs. An agency can refuse to change information but must provide you with a written explanation of the refusal within 60 days of the request.
- Any information you provide related to race, color, religion, sex, national origin, disability, familial status, and actual or perceived sexual orientation, gender identity, or marital status will not be used in any way that would discriminate against you or prevent you from receiving services or housing assistance. You have the right to file a complaint if you feel that you have been discriminated against.
- You may request a copy of this Privacy Notice and other agency policies that explain HMIS and your rights associated with how information is kept and shared through HMIS.
- You may request that a provider mark your personal data as private (not shared) within HMIS; and
- You may withdraw your consent to share at any time by writing to the staff identified in our Agency Privacy Notice. However, any information already shared with another agency cannot be taken back. Your request to discontinue sharing will have to be coordinated between sharing partners. You should tell each agency that you work with when you withdraw your consent.
- The confidentiality of your records is protected by law. This agency will never give information about you to anyone outside the agency without your specific written consent through this release or as required by law (The regulations are the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CFR, Parts 160 & 164) and applicable California laws.
- **You should expect to provide additional, prior written consent for any use or disclosure of HMIS PII not included in the permitted uses and disclosures above.**



SIGNATURE AND ACKNOWLEDGEMENT

Your signature indicates that you have read (or been read) this client consent form, have received answers to your questions. Check the appropriate box to indicate:

- ☐ **Consent:** You willingly consent to have your information, and that of your minor children or dependents (if any), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.
- ☐ **Decline:** You understand the information presented and you DO NOT want your Personal and Health Information shared. You understand that the Standard Information will still be shared, but not connected with this agency or program in HMIS.

_____	_____	_____
CLIENT NAME	SIGNATURE OF CLIENT	DATE
_____	_____	_____
SPOUSE NAME	SIGNATURE OF SPOUSE	DATE

Signature of guardian or authorized-representative (when required): _____
Relationship to client: _____ Date signed by guardian/authorized representative: _____

This release of information also applies to the following dependents:

Last Name	First Name	Date of Birth