

Release and Sharing of Information Form for \_\_\_\_\_ (client name)

I do not give \_\_\_\_\_ (Agency) permission to share any identified information about me in the Safe Harbors HMIS computer system.

OR

I give \_\_\_\_\_ (Agency) permission to share the following types of information about me in the Safe Harbors HMIS computer system:

*(Check all types of information you give permission to share)*

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Profile</b> <ul style="list-style-type: none"> <li>• Race/Ethnicity</li> <li>• Sexual Orientation</li> <li>• Veteran?</li> <li>• Translator Needed?</li> <li>• Other Name(s)</li> <li>• Case Manager</li> </ul> </li> <li><input type="checkbox"/> <b>Military Service</b> <ul style="list-style-type: none"> <li>• Era, Location, Branch</li> <li>• In Fire?</li> <li>• Duration, Discharge</li> </ul> </li> <li><input type="checkbox"/> <b>Intake/Housing</b> <ul style="list-style-type: none"> <li>• Intake date</li> <li>• Reason(s) Homeless</li> <li>• Prior Residence</li> <li>• Time at Prior Residence</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Chronically Homeless</b> <ul style="list-style-type: none"> <li>• Meet 3 HUD criteria?</li> </ul> </li> <li><input type="checkbox"/> <b>Income</b> <ul style="list-style-type: none"> <li>• Income by Source</li> <li>• Non-Cash Benefits</li> </ul> </li> <li><input type="checkbox"/> <b>Assessment</b> <ul style="list-style-type: none"> <li>• Disability, Health, Mental Health</li> <li>• Alcohol, Drugs</li> <li>• Domestic Violence</li> <li>• Pregnancy</li> <li>• HIV/AIDS</li> </ul> </li> <li><input type="checkbox"/> <b>Employment/Education</b> <ul style="list-style-type: none"> <li>• Employment Status &amp; Info</li> <li>• Education Status &amp; History</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Services Received</b> <ul style="list-style-type: none"> <li>• Services provided</li> <li>• Quantity</li> <li>• Dates, Status</li> <li>• Notes</li> </ul> </li> <li><input type="checkbox"/> <b>Exit/Follow-Up</b> <ul style="list-style-type: none"> <li>• Date and Reason Exited</li> <li>• Current Housing</li> <li>• Household Composition</li> <li>• Agency Help w/Move?</li> </ul> </li> <li><input type="checkbox"/> <b>Outcomes</b> <ul style="list-style-type: none"> <li>• Outcomes Achieved</li> </ul> </li> </ul> |
|---|--|--|

I understand that if I give this agency permission to share any types of information in the HMIS, that shared information will be identified with my personal information my (such as name, date of birth, gender, etc.) so that the Partner they are sharing it with will know who the information is about.

They may share this information about me in the Safe Harbors HMIS computer system with:

*(Choose one)*

- Any HMIS Partners necessary to provide me the service I need
- Any HMIS Partners **except for** the following agencies and programs:

Only the following agencies and programs:

Note that we are not required to agree to additional restrictions that you request beyond those listed here. But, if we do agree to additional restrictions (that you request in writing), then they are binding on this Agency and on Safe Harbors.

**By signing this, I certify I understand that:**

- The purpose of sharing information with other agencies is to help with case management, improve the services I receive, and allow other agencies to access information about me more quickly if needed.
- The Agency may not deny me service if I do not give them permission to enter my data into the HMIS or share it with other agencies.
- I am entitled to a copy of this release and sharing form.
- I may revoke this sharing permission at any time by delivering or mailing a written statement canceling my consent and/or release of information to the Agency. Revoking my consent/release will not change anything for those people or agencies that had previously received my information while my consent/release was in effect.
- The current list of Agencies who are Safe Harbors HMIS Partners that may have access to my information (if agreed to on front) is listed at [www.safeharbors.org](http://www.safeharbors.org). I understand that additional agencies may join Safe Harbors HMIS at any time and will also have access to my personal information unless I excluded them on the front. I understand that upon my request, the Agency must provide me with a list of current Partner Agencies before I sign this release and sharing form, and must allow me to view the updated list of Partner Agencies so long as my release/sharing permission remains in effect.
- I have reviewed a copy of the Safe Harbors *HMIS Client Privacy Rights* posted at this Agency.

\_\_\_\_\_  
*Client or Guardian Signature*

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

\_\_\_\_\_  
*Relationship to Client*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Agency Witness Signature*

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

\_\_\_\_\_  
*Print Name*