

Consent/Release of Information Authorization for _____ (client name)

CONSENT TO ENTER INFORMATION IN HMIS

I give _____ (Agency) **permission** to enter identifying information about me into the Knoxville HMIS system.

OR

I do not give _____ (Agency) **permission** to enter identifying information about me into the Knoxville HMIS system.

SHARING/RELEASE OF INFORMATION

I give _____ (Agency) **permission** to share/release all the categories of information about me listed below, via the HMIS if applicable (see list of HMIS Partners):

I give _____ (Agency) **permission** to share/release all the categories of information about me listed below, **except those not checked**, via the HMIS if applicable (see list of HMIS Partners): *(Check all types of information you give permission to share*

Identifiers

- Name
- Gender
- SSN
- DOB
- Veteran?
- Status
- Program ID

Profile

- Race
- Ethnicity
- Sexual Orientation
- Translator?
- Other Name(s)
- Emergency Contact
- Telephone Contact
- E-mail Contact
- Case Manager

Assessment

- Identification
- Disability
- Alcohol/Drugs
- Mental Health
- HIV/AIDS
- Health Insurance
- Health
- Pregnancy
- Domestic Violence
- Legal
- Institutional Living
- Commercial Exploitation
- Critical Issues

Income

- Income by Source/ Amount
- Non-Cash Assistance (food, housing, etc.)

Housing History

- Housing Status
- Reason(s) Homeless
- Previous Residence
- Time at Previous Residence
- Geographic Area of Last Permanent Address

Chronically Homeless

- Homeless Duration
- Meet 3 HUD criteria?

Employment / Education

- Employment Status/History
- Employer
- Education Status
- Education History
- Transportation

Military Service

- Era
- Duration
- Location
- In Fire?
- Branch
- Discharge

Services Received

- Service(s)
- Dates
- Quantity
- Status
- Case Notes
- Referrals

Exit / Follow-Up

- Reason Exited
- Completion Status
- Current Housing Assessment
- Household Composition
- Family Reunification
- Agency Assistance w/move?

The agency may share/release the above information about me to:

(Choose one)

All HMIS Partner agencies and others working with this agency

All HMIS Partner agencies and others working with this agency, **except for:**

All **HMIS Partner agencies**, but no others

No other agencies, except for: _____

OR

I do not give _____ (Agency) **permission** to share/release any identified information about me.

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 Knoxville HMIS.

By signing this I certify I understand that:

- The current list of Agencies who belong to Knoxville HMIS may have access to my information (if agreed to on front) are listed at knoxhmis.sworps.utk.edu. I understand that additional agencies may join Knoxville HMIS at any time and will have access to my personal information (unless excluded on front). I understand that upon my request, the Agency must provide me with a list of current Partner Agencies before I sign this consent/release, and must allow me to view the updated list of Partner Agencies at any time during normal weekday business hours so long as my consent/release remains in effect.
- 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 consent/authorization.
- I may revoke this consent/release 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.
- I have received a copy of the Knoxville HMIS *Notice to Clients of Uses and Disclosures*.
- Information collected in the Knoxville HMIS may be used for research purposes and that I am releasing my Knoxville HMIS information to The University of Tennessee for research purposes.
- All responses are treated as confidential and my participation is voluntary.
- In no case will responses from individual participants be identified. Instead, all data will be pooled and only group descriptions will be published so no one can pick out individuals.
- Refusal to have information about me entered into the Knoxville HMIS involves no penalty or loss of services from this agency.
- I may withdraw my consent to have information about me entered into the Knoxville HMIS at any time without penalty or loss of services from this agency.
- If I have further questions about the collection of information by the Knoxville HMIS, any research involving this information, my rights, or if I wish to lodge a complaint or concern, I may contact the principal investigator, Dr. David A. Patterson, at 865-974-7511.
- This release shall remain in effect until canceled by me in writing at any time or on the ending date entered below.

<i>Release Ending Date</i>				
<i>Client or guardian signature</i>	<i>Date</i>	<i>Relationship to Client</i>	<i>Agency Witness Signature</i>	<i>Date</i>
<i>Print Name</i>			<i>Print Name</i>	