

**OZARKS ALLIANCE TO END HOMELESSNESS
HOMELESS MANAGEMENT INFORMATION SYSTEM
CLIENT RELEASE OF INFORMATION**

This agency participates in the Ozarks Alliance to End Homelessness (OAEH) Homeless Management Information System (HMIS) Sharing Group and the Missouri HMIS Network, collecting information about individuals and families that seek housing services in the OAEH tri-county service area. The information collected will be shared through HMIS, a computerized database, in order to coordinate and improve programs and services.

To provide the most effective services in moving people from homelessness to permanent housing, we need to collect some personal information. You may be asked to provide the following information:

- Name
- Race and Ethnicity
- Social Security Number
- Income Sources
- Veteran Status
- Birth Date
- Household Composition
- Housing History
- Education
- Legal History

** This information will be visible to the OAEH Sharing Group and the entire Missouri HMIS Network.*

In addition, you may be asked questions regarding:

- Physical and Mental Disabilities / Health Conditions
- Domestic Violence History

** This information will be visible only to the OAEH Sharing Group and not the rest of the Missouri HMIS Network.*

Information you provide will be used to better identify appropriate resources for you and your household.

- You have the right to not answer any questions asked. If you do not consent to share your information, the data entered into the system by this agency will not be shared with any other HMIS partner agency. Services will not be refused if you decide to not share your data in HMIS.
- If you agree to share your information, you have the right to revoke your consent at any time in writing by completing an updated ROI and indicating a different level of sharing consent. Upon completion of your revocation, any information entered into HMIS after that date will not be shared outside this agency.
- Regardless of consent to share with other agencies within the OAEH Sharing Group and the Missouri HMIS Network, your data is accessible to limited staff at the HMIS lead agency, the Institute for Community Alliances, and the software provider for the purposes of technical support. Additionally, non-identifying information is pulled into various reports and publications required for billing and analysis of performance measures; your name and identifying information will NEVER be included in ANY reports or publications.

How is your information protected?

Your information in HMIS is secured by limiting access to the database and with whom that information may be shared per federal HMIS Privacy Standards. Every person or agency that is authorized access to the information in the database has signed an agreement to maintain the security and confidentiality of the information. Aggregate or statistical data that is released from HMIS will not disclose any of your Protected Personal Information. Your data in HMIS will be archived after seven years.

Please Check Only One of the Following:

Regarding personal information pertaining to me and my household, I authorize the sharing of collected information with other service agencies within the OAEH Sharing Group and Missouri HMIS Network. I understand that my personal information will not be made public and will only be used with strict confidentiality. I understand that I am not waiving any rights protected under Federal or Missouri law. I also understand that I may withdraw my consent at any time.

I understand that some personal information about me and my household will be collected and shared in HMIS but DO NOT authorize information about health, disabilities, or domestic violence for myself or others in my household to be shared with other service agencies within the OAEH Sharing Group or the Missouri HMIS Network.

I understand that my information will be entered into the HMIS system. However, I DO NOT consent to share any personal information in HMIS about me or my household with the OAEH Sharing Group or the Missouri HMIS Network.

Head of Household Name (Printed) Date Head of Household Signature

Other Adults in Household (first and last names):

Staff Name (Printed) Date Staff Signature

Name of Agency

Upon request, we will provide you with a copy of the HMIS Consumer Notice, HMIS Privacy and Security Notice, and a current list of participating agencies in the OAEH Sharing Group and the Missouri HMIS Network.

For Staff Use Only

Telephonic Consent: Staff obtained telephonic consent from client over the age of 18 listed above. Written consent must be obtained the first time the client is physically present at an organization with access to the HMIS system.