

Salvation Army Asheville/Buncombe

Homeless Management Information System (HMIS) -- Client Release of Information Form

Client's name: _____ HMIS #: _____
FIRST MIDDLE LAST (if available)

We need to collect information to better help you. **The purpose of this form is to ask for your permission to share your information with other trusted agencies who may also be able to help with your housing needs.** Your information would be entered into our shared software called HMIS. Sharing your information lets other trusted agencies work with us to help you, can reduce the number of times you need to tell your story to different agencies, and helps us get funding to provide our services.

- The only agencies able to see your personal information are those who help the homeless in Buncombe County, and they can be trusted to keep your information very safe.
- You may withdraw your permission to share your information at any time.
- You are not required to share your information to receive our agency's help, but sharing makes it easier to coordinate your care with other trusted agencies.
- You should **not** share your information if you feel that you or anyone in your household might be at risk from threats or acts of violence, abuse, sexual assault, or in a child custody dispute from someone who works at an agency; or you are currently employed with one of the trusted agencies listed below.

List of TRUSTED AGENCIES with whom personal information may be shared with your permission

| | | |
|--|--|---|
| AFD-REST Asheville Buncombe Community Christian Ministry Asheville Housing Authority Buncombe County Community Paramedics Buncombe Co. Health & Human Services Charles George VA Medical Ctr. Homeless Programs | Eliada Homes FIRST at Blue Ridge Haywood Street Helpmate Homeward Bound Mission Hospital Pisgah Legal Services RHA - Jail Diversion | Safe Shelter Salvation Army Sunrise Community Swannanoa Valley Christian Ministry United Way of Asheville/Buncombe Vaya Health Western Carolina Rescue Ministries |
|--|--|---|

List of PERSONAL INFORMATION that may be collected and shared with your permission

| | | |
|---|---|--|
| Name Gender Year of birth Social security number Veteran status Race and ethnicity Contact information Intake photo (if taken) | Area currently residing Last permanent address Current living situation Housing and homeless history Coordinated entry assessment Household member names Contacts with a case manager Participation in homeless services | Referrals and service connections Household income and benefits Health insurance/medical assistance Domestic violence history Program exit and destination Self-reported physical, mental health, developmental or substance use Sex |
|---|---|--|

Veteran programs may also share financial assistance, education, employment, military service, and SOAR information. Youth (ages 16-24) programs may also share foster care, juvenile justice, family issues, and counseling services.

**Three sharing options:
CHECK ONE BOX**

I agree to allow other trusted agencies (listed above) to see my personal information (listed above). This helps agencies work together on my care and can also reduce the need for me to repeat my story at other agencies.

I **only** agree to share my name, gender, birth year, social security (last 4 digits) and veteran status with trusted agencies (listed above). Providing this information lets agencies avoid creating a duplicate record for you, which helps improve overall system quality.

I do **not** agree to share any of my personal information outside of this agency

 Initial Here

If you are going to share, then it is important to know your rights. **Please review the list of rights below.**
If you have questions, please discuss them with your case manager.

I have received a copy of the Agency's Privacy Notice. I understand that:

- I can withdraw my consent to share at any time, but any information already shared with another agency cannot be taken back. If sharing information on the system poses an imminent health or safety risk to me or anyone in my household, I will immediately tell my case manager;
- I have the right to see my information, request changes, and to get a copy of my information by written request. An agency can refuse to change my record but must provide a written explanation of why they refuse the change;
- Agencies that are sharing my information must follow strict privacy guidelines;
- The sharing decision that I made on the prior page is my consent to share information with the trusted agencies listed on the prior page. Any of the trusted agencies who are sharing my information will update my records if I provide new or additional information;
- The confidentiality of my records is protected by law. I understand that this agency will never give information about me to anyone outside of the trusted agencies list on the prior page without my specific written consent or as required by law;
- I will not be denied services (emergency assistance, outreach, shelter, housing assistance, etc.) if I refuse to share information in this system;
- My information may be shared for research purposes, but only with an approved written agreement that protects my rights and ensures that the research benefits people experiencing homelessness;
- Can file a complaint if I believe my privacy rights have been violated;
- This agreement is effective for three (3) years from the date of signature unless I revoke it earlier;
- If I am signing this agreement as the head of my household, it also covers any children in my household.

By signing below, I acknowledge that I understand my rights above and confirm my sharing decision on the prior page.

Print full name of Client (head of household): _____

Client signature (head of household): _____, Date: ____/____/____

Adult Household Member signature: _____, Date: ____/____/____

Adult Household Member signature: _____, Date: ____/____/____

Adult Household Member signature: _____, Date: ____/____/____

Signature of guardian or authorized-representative (when required): _____

Relationship to client: _____ Date signed by guardian/authorized representative: _____

Agency staff representative (print name): _____

Agency staff representative signature: _____, Date: ____/____/____