

Acknowledgements and Consent to Participate in the Homeless Management Information System (HMIS)

Acknowledgements: The information that I have provided is true and accurate to the best of my knowledge. Furthermore, I understand that rules for acceptance into programs are the same for everyone without regard to race, color, national origin, age, sex or handicap. I also understand that I have the right to appeal a decision if I feel services have been incorrectly denied, reduced, suspended or terminated.

Homeless Management Information System (HMIS): HMIS is a computerized record keeping system that captures information and the service needs of people experiencing poverty or homelessness. This agency uses HMIS as their data management tool to collect information on the clients served and the services provided. The HMIS system benefits you because you may not have to complete an additional intake interview should you need services from a collaborating agency that also uses HMIS. The information shared with one or more collaborating agencies will be used to help you access services such as emergency assistance, shelter, and transitional housing. Your written consent allows this agency to share your intake information with other collaborating agencies. You have the right to request information about who has viewed or updated your HMIS record and to receive a copy of this Consent Form and the Client Fact Sheet.

This agency has an interagency sharing agreement with several collaborating agencies regarding clients that are served by both agencies. The collaborating agencies also have an agreement with the Frederick County Coalition for the Homeless and the agencies have security procedures regarding the protection and sharing of client data. These agencies may also use your information, without any identifying information, for reporting requirements and advocacy.

By signing this consent form, you authorize this agency:

- To share your intake information with collaborating agencies to be used for an initial intake assessment.
- To share your basic demographic information, residential, employment skills/income, military/legal, service needs, goals and outcomes, medical history, substance abuse and mental health history with collaborating agencies.
- To allow your information to be shared electronically via a secure, encrypted, web-based system with the collaborating agencies participating in the HMIS.
- To allow your records and information to be shared for a period of no greater than ten (10) years from today's date.

I, _____, do hereby (check one box below)
Client or Participant Name

- Consent
- Do Not Consent

To having information that I provided in intake interviews with staff be shared electronically with collaborating agencies using the HMIS Computerized Record Keeping System. I further consent to having my medical, mental health, and substance use history/information that I provided in intake interviews with staff to be shared electronically with the collaborating agency or agencies using the HMIS Computerized Record Keeping System. I understand that collaborating agencies are fully bound by the provisions of the Health Insurance Portability and Accountability Act (HIPAA), federal regulations governing Confidentiality and Drug Abuse Patient Records (42 CFR part 2), and the Maryland Confidentiality of Medical Records Act (MCMRA) when sharing information. I understand that I may ask to have this information removed from the HMIS computerized record keeping system at any time in the future.

Client/Participant Signature

Date

Staff Signature & Title

Date