

Client Consent and Coordinated Assessment: What information can I enter into HMIS?

A review of the Profile, Enrollment, Status, and Exits Screens in Clarity and the Client Release of Information

This document can be used to help identify what questions from the HMIS screens cannot be entered into HMIS if the client does not sign off (initial) on the ROI statement. Current versions of the Client Release of Information Project Intake, Status Assessment, and Exit forms are located on the SCC HMIS [website: scc.hmis.cc](http://scc.hmis.cc) under the [Forms & Manuals tab](#). Should you need further clarity on a question and how it relates to the ROI statement, please do not hesitate to contact SCC OSH.

Client consent must be documented next to each ROI statement listed below (column 1) to permit the information (columns 2, 3, 4, and 5) to be entered into HMIS. Review the client's signed ROI prior to entering assessment information in HMIS.				
1. Did the client initial next to the ROI statement?	2. Profile Screen	3. Enrollment Screen (Intake)	4. Status Update	5. Exit Screen
Identifying information (including: name, birth date, gender, race, ethnicity, social security number, phone number, residence address, or other similar identifying information)	Do not enter any information on the profile screen. Create an anonymous profile.	N/A	N/A	N/A
My photograph or other likeness	Do not upload photograph of client.	N/A	N/A	N/A
Medical information included in my responses to questions asked as part of the standard HMIS intake and identification as a client or patient of the Santa Clara Valley Health and Hospital System	N/A	Disabling Condition Physical Disability Developmental Disability Chronic Health Condition HIV/AIDS Mental Health Problem Substance Abuse Problem Domestic Violence Victim/Survivor Covered by Health Insurance	Disabling Condition Physical Disability Developmental Disability Chronic Health Condition HIV/AIDS Mental Health Problem Substance Abuse Problem Domestic Violence Victim/Survivor Covered by Health Insurance	Disabling Condition Physical Disability Developmental Disability Chronic Health Condition HIV/AIDS Mental Health Problem Substance Abuse Problem Domestic Violence Victim/Survivor Covered by Health Insurance

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ROI Statement: Initials (Y/N)	2. Profile Screen	3. Enrollment Screen (Intake)	4. Status Update	5. Exit Screen
HIV/AIDS-related information included in my responses to questions asked as part of the standard HMIS intake	N/A	Disabling Condition Chronic Health Condition HIV/AIDS	Disabling Condition Chronic Health Condition HIV/AIDS	Disabling Condition Chronic Health Condition HIV/AIDS
Mental health information included in my responses to questions asked as part of the standard HMIS intake and identification as a client receiving mental health services from the County's Behavioral Health Services Department	N/A	Disabling Condition Mental Health Problem	Disabling Condition Mental Health Problem	Disabling Condition Mental Health Problem
Substance abuse treatment information included in my responses to questions asked as part of the standard HMIS intake and identification as a client receiving substance abuse or alcohol treatment from the County's Behavioral Health Services Department	N/A	Disabling Condition Substance Abuse Problem	Disabling Condition Substance Abuse Problem	Disabling Condition Substance Abuse Problem
Financial and benefits information (including: employment status, income verification, public assistance payments or allowances, food stamp allotments, health care coverage, or other	N/A	Income from any source Receiving Non Cash Benefits	Income from any source Receiving Non Cash Benefits	Income from any source Receiving Non Cash Benefits Subsidy Information

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similar financial or benefits information)				
ROI Statement: Initials (Y/N)	2. Profile Screen	3. Enrollment Screen (Intake)	4. Status Update	5. Exit Screen
Housing information	N/A	Zip Code of last address Current Living Situation Type of Residence Length of Stay in Current Living Situation Length of Stay Less Than 7 Nights Length of Stay in Prior Living Situation Length of Stay Less Than 90 Days Housing Move in Date	Zip Code of last address Current Living Situation Type of Residence Length of Stay in Current Living Situation Length of Stay Less Than 7 Nights Length of Stay in Prior Living Situation Length of Stay Less Than 90 Days Housing Move in Date	Destination Housing Assessment at Exit
Information about services provided by HMIS Partner Agencies (including: date, duration, and type of service; and other similar service information)	Create anonymous profile	Contact Help Desk	Contact Help Desk	Contact Help Desk
Other (specify)	N/A	Depends on client's request	Depends on client's request	Depends on client's request