

## Client Consent and the HPAT (Homeless Prevention Assessment Tool): What information can I enter into HMIS?

### *A review of the HPAT and the Client Release of Information*

This document can be used to help identify what questions from the **HPAT** 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 (ROI) and the HPAT are located on the SCC HMIS website: [scc.bitfocus.com](http://scc.bitfocus.com) 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 assessment information (column 2) 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. HPAT assessment
Identifying information (including: name, birth date, gender, race, ethnicity, social security number, phone number, residence address, or other similar identifying information)	Head of Household Information
My photograph or other likeness	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	Current Health Question 5      Question 7 Question 6      Question 8
HIV/AIDS-related information included in my responses to questions asked as part of the standard HMIS intake	N/A
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	Current Health Section Question 5 Question 6 Question 7 Question 8
ROI Statement: Initials (Y/N)	HPAT assessment
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



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Financial and benefits information (including: employment status, income verification, public assistance payments or allowances, food stamp allotments, health care coverage, or other similar financial or benefits information)	Question 2 Question 3 Question 4
Housing information	<b>HoH Section</b> Question 1      Question 5 Question 2      Question 9 Question 3      Question 10
Information about services provided by HMIS Partner Agencies (including: date, duration, and type of service; and other similar service information)	Question 5
Other (specify)	N/A