Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Agency, permitted by you, the client, has the ability to share your information contained in the BostonHMIS with other participating agencies. This sharing of information may enable agencies to better serve you. If you, the client authorizes this sharing of information please complete the following.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client’s name) hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency) to release the following personal information contained in the BostonHMIS to the agency (ies) listed below.

Agency to share information with:

|  |  |
| --- | --- |
|  |  |

Which information are you, the client, permitting us to share with the above named agency (ies):

(Please check all that apply)

| ☐ Personal Identifying Information (Name, DOB, SSN, other demographic info, etc.) | ☐ Medical Information History and Treatment (including mental health, substance abuse, HIV status, etc.) |
| --- | --- |
| ☐ Homeless status | ☐ Military History |
| ☐ Living Situation and Housing History | ☐ Reason for Seeking Services |
| ☐ Employment Status | ☐ Services Received or Receiving |
| ☐ Income and Income Sources | ☐ Legal Information |
| ☐ Educational Background | ☐ Other |

I release the above named Agency of any legal liability that may arise from the release of this information. I understand that the Agency can not release information obtained from other sources. I understand that the agency (ies) receiving this information can not re-release this information to any other agency (ies) without my expressed written consent. I also understand that this authorization for release of information will expire on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (can not exceed 5 years) unless otherwise indicated.

I also understand that this release can be revoked, by me at any time and that the revocation must be signed and dated by me, and that revoking of the release will not affect information released prior to the revoking of the release.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship if minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_