

King County Homeless Management Information System (HMIS)

CLIENT CONSENT FOR DATA COLLECTION AND RELEASE OF INFORMATION

What is the HMIS?

The HMIS is a data system that stores information about homelessness services. Bitfocus, Inc. manages the HMIS for King County. The purpose of the HMIS is to improve services that support people who are homeless to get housing, and to have better access to those services, while meeting requirements of funders such as the U.S. Department of Housing and Urban Development (HUD).

What is the purpose of this form?

With this form, you can give permission to have information about you collected and shared with Partner Agencies that help King County provide housing and services. A current list of Partner Agencies is at

<http://kingcounty.hmis.cc/participating-agencies/>

BY SIGNING THIS FORM, I AUTHORIZE King County and Bitfocus to share HMIS information with Partner Agencies. The HMIS information shared will be used to help me get housing and services. It will also be used to better understand and improve housing and homeless service programs. I understand that the Partner Agencies may change over time.

The information to be collected and shared includes:

- Name, birthday, gender, race, ethnicity, social security number, phone number, address
- Basic medical, mental health, substance use, and daily living information
- Housing Information
- Use of crisis services, hospitals and jail
- Employment, income, insurance and benefits information
- Services provided by Partner Agencies
- Results from assessments
- My photograph or other likeness (if included)

BY SIGNING THIS FORM, I UNDERSTAND THAT:

- King County, Bitfocus and Partner Agencies will keep my HMIS information private using strict privacy policies. I have the right to review their privacy policies.
- There is a small risk of a security breach, and someone might obtain my information and use it inappropriately.
- If I have questions about my privacy rights, my HMIS information, or am concerned that my information has been misused, I can contact my HMIS systems administrator at (206) 444-4001 x2.
- I can receive a copy of this Consent and the Client Information Sheet
- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.
- This Consent will expire 7 years from my last HMIS recorded activity.
- I may revoke this Consent at any time in writing to: Bitfocus, Inc.
ATTN: King County HMIS
5940 S Rainbow Blvd Ste 400 #60866, Las Vegas, Nevada 89118-2507

- The revocation will take effect upon receipt, except to the extent others have already acted under this Consent, and after Partner Agencies and King County have been notified so that revocation does not interfere with care or service coordination.
- My HMIS information may be further shared by the Partner Agencies to other agencies for care coordination, counseling, food, utility assistance, and other services.
- My HMIS information may be viewed by auditors or funders who review work of the Partner Agencies, including HUD, the Department of Veteran Affairs, the Department of Health and Human Services, and the Washington State Department of Commerce. I understand that the list of auditors and funders may change over time.
- My HMIS information may be used to help evaluate the quality of services provided. It may also be used for research purposes that align with King County’s goals and mission.

IMPORTANT: Do not enter personally identifying information into HMIS for clients who are: 1) receiving services from domestic violence agencies; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation; 3) are being served in a program that requires disclosure of HIV/AIDS status (i.e.; HOPWA); or 4) under 13 with no parent or guardian available to consent to enter the minor’s information in HMIS.

If one of these situations applies to you, **DO NOT** agree to have your personal identifying information collected

CLIENT* INFORMATION:

Client Name:

Client Date of Birth:

*** Please use one form for each member of a household (including one form for each minor child).**

SIGNATURE:

Signature of Client or Representative authorized by law: _____ Date _____

PRINTED NAME

Authority of representative to sign on behalf of the client:

- Parent - Legal Guardian - Court Order - Other:

<i>For Agency Use Only (to be kept on file at agency):</i>	
Client Opted Out (Refused Consent)	(Staff/Agency Initials)
(Witness Staff & Agency)	Date