

Client Consent for Data Collection and Release of Information

WHAT IS THE HMIS?

The HMIS is a data system that stores information about homelessness and housing services and programs. The purpose of the HMIS is for homeless provider agencies to record information about clients that they serve. This information helps the provider agencies plan for and provide services to clients and to meet requirements of funders such as the U.S. Department of Housing and Urban Development (HUD). HMIS also allows agencies to improve services that support people who are homeless by allowing authorized staff to share client information with the permission of the client. Marin County Health & Human Services manage the HMIS for Marin County.

WHAT IS THE PURPOSE OF THIS FORM?

With this form, you can give permission to have information about you collected and shared with the different Partner Agencies that provide housing and services in Marin County. A current list of Partner Agencies is at <http://marin.clarityhs.help>. At this time, the Partner Agencies include:

Adopt A Family of Marin

Buckelew

Downtown Streets Team

Homeward Bound of Marin

Homeless Outreach Team (HOT)

Marin Community Clinics

Marin County Health & Human Services

Marin Housing Authority

St. Vincent de Paul Society

Ritter Center

U.S. Department of Veterans Affairs (VA)

**BY SIGNING THIS FORM, I AUTHORIZE** Marin County and Partner Agencies to share my information entered into the HMIS. The HMIS information shared will be used to help provide housing and services, which includes care coordination, counseling, food, utility assistance, and to evaluate and improve the quality of housing and service programs. I understand that the Partner Agencies may change over time and that I may find a current list at <http://marin.clarityhs.help>.

**BY SIGNING THIS FORM, I UNDERSTAND THAT:**

- The information to be collected and shared includes:
  - Name, birthday, gender, race, ethnicity, social security number, contact information, veteran status
  - Basic information on self-reported disabling conditions caused by medical, mental health, substance use or developmental factors, including self-reported HIV/AIDS status.
  - Housing Information
  - Employment, income, insurance and benefits information
  - Services provided by Partner Agencies
  - My answers to assessment questions, including the VI-SPDAT questionnaire
  - My photograph or other likeness (if included)

- I may refuse to provide any of this information. If I refuse, I will not lose any benefits or services.
- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.
- Marin County and Partner Agencies will keep my HMIS information private using strict privacy policies. I have the right to review the privacy policies that govern this information.
- Marin County Health & Human Services and BitFocus use passwords and encryption technology to ensure that information in the system is safe, and each HMIS User and Partner Agency has signed an agreement to maintain the security and confidentiality of HMIS data. However, there is always a small risk of a security breach, and someone might obtain my information and use it inappropriately. Marin County and Partner Agencies are required to alert me if they know of a breach.
- If I have questions about my HMIS information, my rights regarding that HMIS information, or am concerned that my information has been misused, I can contact my HMIS systems administrator at [marin@bitfocus.com](mailto:marin@bitfocus.com).
- I can receive a copy of this Consent and the Client Information Sheet.
- This Consent will expire 3 years from my last HMIS recorded activity.
- I may revoke this Consent at any time by sending a written request to [marin@bitfocus.com](mailto:marin@bitfocus.com) or by contacting the Partner Agency that is providing this Release of Information.
- My HMIS information may be shared to coordinate referral and placement for housing and services.
- My HMIS information may be further shared by the Partner Agencies to other agencies if needed for care coordination, counseling, food, utility assistance, and other services.
- My HMIS information may be included in reports for auditors or funders who review the work of the Partner Agencies, including HUD, the Department of Veteran Affairs, the Marin County Department of Health and Human Services, and the California Department of Housing and Community Development. I understand that the list of auditors and funders may change over time. My identity will not be shared in these reports.
- My HMIS information may be used for research; however, my identity will remain private.

\_\_\_\_ I have been offered and declined a copy of this form

\_\_\_\_ I have received a copy of this form

SIGNATURE:

Date:

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

**FOR AGENCY USE ONLY:**

Client Opted Out/Refused Consent: \_\_\_\_\_ (Staff/Agency Initials)

\_\_\_\_\_  
Witness Staff & Agency

\_\_\_\_\_  
Date