

Watsonville/Santa Cruz City & County Continuum of Care (CoC) Consent for Data Sharing for Runaway and Homeless Youth (RHY)-Funded Programs

The Santa Cruz County Homeless Management Information System (HMIS) is a shared database and software application which confidentially shares consumer-level information related to homelessness in Santa Cruz County. We ask you to consent to the sharing of your information to help the Watsonville/Santa Cruz City & County Continuum of Care (CoC) provide quality housing and services to people at risk of or experiencing homelessness and/or who have very low-income.

Your information will be released to housing and services providers (“Covered Homeless Organizations” (CHOs)), which include community-based organizations and government agencies. CHOs use the information in HMIS to: improve the quality of housing and services; identify patterns and monitor trends over time; conduct needs assessments and prioritize services for subpopulations at risk of or experiencing homelessness or with very low-income; enhance inter-agency coordination; and monitor and report on the delivery, impact, and quality of housing and services.

BY CHECKING AND SIGNING THIS FORM, I UNDERSTAND THE FOLLOWING:

- I understand the following on *the sharing of my basic information with CHOs*:
- CHOs may change over time; a current list of CHOs has been provided to me and I may request an updated list at any time or view the list at <https://santacruz.bitfocus.com/participating-agencies>.
 - Basic information includes: Name, Social Security Number, Date of Birth, Race, Ethnicity, and Gender.
 - The collection, use, and release of this information is for the purpose of assessing my needs for housing, counseling, food, utility assistance, or other services.
- I understand that the information shared may include the following types of protected personal information (PPI):
- Identifying information (e.g., name, birth date, gender, race, ethnicity, social security number, phone number, residence address, or other similar identifying information)
 - Medical, mental health and substance use information included in my responses to questions asked as part of the standard HMIS intake
 - Financial and benefits information (e.g., employment status, income verification, public assistance payments or allowances, food stamp allotments, health care coverage, or other similar financial or benefits information)
 - Housing status and related information
 - Information about services provided by Partner Agencies (e.g., intake date, duration, and type of service)

- I understand CHOs use the PPI collected in HMIS to assess, prioritize, and refer me to housing options and other services. I also understand that CHOs communicate with each other to coordinate prioritization, placement, and determine eligibility for housing and other services.
- I understand the CHOs and individual staff have signed agreements to maintain the security and confidentiality of my information.
- I understand that I may refuse to sign this Consent. My refusal will not affect my eligibility for benefits or services, or my ability to obtain services or receive support. My refusal does not disqualify me from receiving services or support.
- I understand that I may sign the Consent and still refuse to provide specific information that I do not want to share.
- I can revoke this Consent at any time, but I must do so in writing. Revoking the Consent is not retroactive and will not affect any information shared while I gave my consent. I understand that this consent is valid for 3 years from the date listed below.
- My PPI is protected by federal, state, and local regulations governing the confidentiality of consumer records. My information cannot be released without my written consent, except when the rules say otherwise.
- I have the right to review my records, to correct a record or file a statement of disagreement, and to be notified of the people who have reviewed my records, except in limited circumstances to protect the health and safety of myself or others.

SIGNATURE

Print Name of Consumer or Legal Guardian

Signature of Consumer or Legal Guardian

Date