

Oakland–Berkeley–Alameda County Continuum of Care  
**Release of Information (ROI)**

**Authorization for Sharing Your Personally Identifiable Information**

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**The organizations that make up Oakland–Berkeley–Alameda County Continuum of Care (“Organizations”) are asking for your authorization to allow sharing of your protected personally identifiable information (“information”).** If you agree, your information will be shared with (to and from) the organizations and other providers that assist clients who are at-risk of or experiencing homelessness. This includes providers of the following types of services:

- Homeless assistance
- Housing service
- Medical
- Behavioral health
- Related software

**Sharing information makes it easier to:**

- Connect you with housing programs, services, or resources.
- Coordinate your shelter, housing, or other services.
- Limit the amount of information you need to repeat.
- Improve the quality of services.

**Signing this Authorization Form (“Form”) is your choice.**

State and federal laws already allow for some sharing of information. Signing or not signing this form does not change what can be shared under these laws. For example, the organizations can collect, store, use, and share your information to:

- Provide or coordinate services.
- Collect payments.
- Run the organization.
- Create data that can’t identify you.
- Support research.
- Follow local, state, and federal laws.
- Follow court orders, respond to threats, and ensure public safety.

**By signing this Form**, you authorize your information to be used or shared for purposes in addition to those already allowed by state and federal law (shown above).

**If you do not sign this Form**, you do not authorize your information to be used or shared beyond what is already allowed by state and federal law (shown above). You can still receive some services. Not signing may keep you from being able to fully take part in certain programs.

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**What information will be shared?**

Information will be shared about programs and services you got in the past, get now and in the future. This includes data about shelter, housing, and related needs. Information shared may include details that may directly or indirectly identify you, such as:

- Full name
- Home address
- Personal email address
- Social security number
- Passport number
- Driver's license number
- Date of birth
- Telephone number
- Medical information
- Criminal history
- Photos/images

**How will my information be shared?**

Your information will be shared in electronic, verbal, and written formats.

**Who will be sharing my information?**

Your information will be shared with (to and from) the organizations and the types of providers described above. This may also include organizations involved in providing services now, in the past, and in the future. A

list of the Organizations and providers can be accessed at <https://alameda.bitfocus.com/participating-organizations>

**How will organizations protect my privacy?**

In addition to following local, state, and federal laws, organizations will:

- Assist people who need help or translation, as required by law.
- Explain and share their privacy notice and privacy policy.
- Only collect the information they need.
- Have a plan for keeping information in good order and deleting old data.
- Share the least amount of information needed to complete a task.
- Allow you to review and correct your information and explain if your request is denied.
- Have a plan and train staff to handle questions, complaints, or a data breach.

**If I sign, can I change my mind later?**

You have the right to change your mind about sharing and can revoke (take back) this authorization at any time. This form is valid for 5 years or until the date that you cancel or change it in writing.

- To cancel or make a change, talk with your Housing Provider. You can complete a new form to reflect the change(s). Any changes will take effect as of the date the new form is signed.
- Any data or information shared before that time cannot be recalled.

**I have the right to:**

- Refuse to sign this Form.
- Receive a copy of this Form.

**By signing this Form I agree that:**

- I have read this Form or a representative has read it to me.
- I understand it.
- I give authorization for my information to be shared as described above.
- This authorization will remain in effect for a period of 5 years, or until I change my authorization in writing. I can do this by contacting my Housing Provider.



**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If signed by a person other than the client, please write that person's name and relationship to the client:

**Representative's Name:** \_\_\_\_\_

**Relationship to Client:** \_\_\_\_\_