

SOUTH CAROLINA 211 HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) RELEASE OF INFORMATION FORM

I am signing this consent for release of information contained in South Carolina 211 Homeless Management Information System (HMIS) based on the following representations:

_____ is a Partner Agency in SC 211 Homeless Management Information System (HMIS).

The HMIS is a shared homeless and housing database system administered throughout South Carolina. The HMIS allows authorized staff at Partner Agencies to share client information and to follow trends and service patterns over time. South Carolina uses the VI-SPDAT (Otherwise known as the Vulnerability Index) and HMIS to collect information about your individual circumstances in order to help refer you to appropriate housing and services.

The HMIS operates over the Internet and uses many security protections to ensure confidentiality. The information collected is kept on secure, dedicated servers and may remain in the database past the expiration of the consent or after consent is withdrawn.

- Your HMIS information WILL NOT be shared with any agency not participating in HMIS (unless required to do so by law). A list of current Partner Agencies can be provided upon request.
- Basic relevant information to be shared by Partner Agencies upon your consent includes the information collected, but is not limited to: name, age, gender, housing and homelessness history, medical or mental health diagnosis and history, intake/discharge dates, employment status, income, contact information and additional information used strictly to refer you to appropriate housing and/or services.
- Giving consent for your name and other identifying information to be entered into HMIS and/or shared among partner agencies is voluntary. Refusing to give consent WILL NOT deny your assistance, however, it may affect the agency's ability to provide the most effective assistance in helping you to obtain housing as quickly as possible.
- Authorization of information on times you may have been homeless before, collected from HMIS or the VI-SPDAT, may be shared with partner agencies, including the name of participating agencies providing services to you and information of all dependents (children under age 18), if applicable.
- You may revoke this consent and authorization at any time by written request before the expiration date by contacting (*Person at Name of Agency*) at telephone number (____).
- You have a right to a copy of this authorization once you have signed it by contacting (*Person at Name of Agency*) at telephone number (____).

Initials I give consent for my name, protected health information, personally identifiable information, and other collected information to be entered into the HMIS database and to have my information SHARED among Partner Agencies.

Initials I agree to be interviewed and allow the information collected by the VI-SPDAT to be disclosed and received by the organizations that participate in HMIS

Initials I give my consent to contact me, or my case manager, navigator or other contact person, about my survey information, housing referrals or services referrals.

Initials I specifically give consent for the following information to be disclosed: whether I currently have or have had HIV/AIDS, mental health conditions or treatment, physical health conditions or treatment, and/or substance use or treatment. I understand that the purpose for the disclosure of this information is to help refer me to appropriate housing and services.

Initials I give my consent to be photographed and that my photograph may be shared with partner agencies for the purposes of identification. My photograph may not be used in any media or promotional materials unless agreed to by me in a separate consent.

By signing or placing my mark below, I acknowledge that I have read, or have had read to me, all of the information above and that I have chosen to sign this form voluntarily. I also understand that participating in HMIS does not guarantee that I will be called for housing or that I will receive housing. I also understand that this consent is valid for one year from the effective date of my signature below and that I may cancel it at any time by written request. I also hereby agree that the information released will be used only for the purposes provided and will not be released to any other individual, agency, or organization.

*** _____ I do **NOT** authorize this agency to share my information with other agencies utilizing HMIS. (Your information may still be shared with funders for reporting purposes)***

Printed Name of Client

Signature of Client

Date

Printed Name of Agency Representative

Signature of Representative

Date