

Standard Client Authorization to Release and Exchange Information with the HMIS<sup>1</sup>

Name of Agency: \_\_\_\_\_

Client's Name: | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |  
Last First Middle Initial

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_  
mm/dd/yy

The Continuum of Care HMIS Project is a shared homeless and housing management information system. The HMIS is maintained by The Homeless Alliance to help improve homeless and housing services that can be provided to you. The HMIS does this by allowing authorized personnel at HMIS Member Agencies to share information that may be needed to provide services to their clients. The HMIS operates over the Internet and uses many security protections to keep your information confidential and safe.

By participating in the HMIS you will have the ability to receive an H.NET ID Card.

**Participation in the H.NET ID card program enables you to:**

- Ride the H.NET Express transportation system.
- Have clearance to stay at participating emergency shelters (when combined with TB testing)
- Speed up the check-in process at participating service providers.

I understand that all information gathered about me is personal and private and that I do not have to participate in the HMIS. I have had an opportunity to ask questions about the HMIS and to review the information this release authorizes the HMIS Member Agencies to share. I understand that information about services provided to me by HMIS Member Agencies may be shared with other HMIS Member Agencies. Unless I make a formal request to an HMIS Member Agency that I no longer want to participate in the HMIS, this release will remain in force for three years from today and will **expire** on \_\_\_\_\_.

**This release authorizes HMIS Member Agencies to share Basic identifying information such as, but not limited to:**  
Name, Picture of client (if needed for H.NET ID Card), Social Security Number, Date of Birth, Gender, Race, Tuberculosis Clearance Status and Shelter Welcome, Veteran Status.

I authorize the sharing of my basic identifying information with other HMIS Member Agencies. I authorize that a copy of this original will serve as an original for the purposes stated above.

\_\_\_\_\_  
Client's Authorizing Signature Date (mm/dd/yy)

Based on the above information, I authorize basic identifying information of my dependent(s) to be shared with the HMIS.

\_\_\_\_\_  
Legal Guardian's Authorizing Signature Date (mm/dd/yy)

\_\_\_\_\_  
Guardian Printed Name Date (mm/dd/yy)

Name of dependents that the legal guardian authorizes to participate in the HMIS:

\_\_\_\_\_  
Name Date of Birth \_\_\_\_\_ Name Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Agency Representative's Signature

\_\_\_\_\_  
Agency Representative's Printed Name Date (mm/dd/yy)

<sup>1</sup> The original of this Client Authorization for Release form should be kept on file at the Agency. Upon a form's expiration date, the file should be kept for five years.