

# Chicago Homeless Management Information System (HMIS)

## Client Consent Form for Data Sharing

Version 1.3, Adopted 01/14/2015

### Participating Agency Information Interfaith House

3456 W Franklin Blvd

Chicago, IL 60624

**What are you consenting to?** This Agency is a participating agency using the Homeless Management Information System ("HMIS"). HMIS participating agencies work together to provide services to persons and families in need. When you request or receive services, we may collect data about you and your household that may be shared with other HMIS participating agencies.

**How will my data be used?** Your information will be used for statistics, such as the number of persons that are homeless or at risk of homelessness, and to share information with other agencies that serve persons in need of assistance. The specific ways in which this agency may use or disclose your information is stated in our Standard Agency Privacy Practices Notice. You can request a copy of the Standard Agency Privacy Practices Notice at any time.

**How will my data be protected?** The data stored in the HMIS will be protected by passwords and encryption technology. In addition, each participating agency must sign an agreement to maintain the security and confidentiality of the information you have provided. Any person or agency that violates the agreement may have their access right terminated and may be subject to further penalties.

**How do I benefit by providing the requested information and sharing it with other agencies?** By sharing your information with other agencies, you may be able to avoid being screened again, receive services faster, and minimize how many times you have to tell your "story." You also help agencies document the need for services and funding, better understand homelessness, and evaluate the effectiveness of our services.

### **What data will be shared with other agencies that use HMIS?**

The following pieces of information used for primary identification purposes can be seen by other agencies that use HMIS:

- Name
- Date of Birth
- Veteran Status
- Social Security Number
- Gender

**By signing this form, I agree to share the following level of information with other HMIS participating agencies:**

- I agree to share my primary identifying information (as listed above)
- I do not agree to share any of my information with other HMIS participating agencies

**In addition, by signing this form, I acknowledge and agree to the following:**

- The Standard Agency Privacy Practices Notice describes the ways in which the primary identifying information and other HMIS client data information may be used or disclosed.
- I have the right to revoke this consent at any time by completing a Client Revocation Form. I understand that the revocation will not be retroactive to any information that has already been used or disclosed.
- I may request a paper copy of the complete Standard Agency Privacy Practices Notice from this Agency.
- I am not giving permission to share information about the diagnosis or treatment of a mental health disorder, drug, or alcohol disorder, HIV, AIDS, or domestic violence concerns.
- I have read the information in the Standard Agency Privacy Practices Notices.

\_\_\_\_\_  
Printed Name(s) (including children)

\_\_\_\_\_  
Signature of Client or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency Witness

\_\_\_\_\_  
Date