Summit County Continuum of Care

UNITED WAY SUMMIT & MEDINA

HMIS CLIENT INFORMED CONSENT
AUTHORIZATION FOR RELEASE OF INFORMATION

PARTNER AGENCY NAME	CLIENT NAME	DATE OF BIRTH

This Agency collects personal information about the people we serve in a computer system called a Homeless Management Information System (HMIS). Our funders require us to collect personal information for reasons outlined in our HMIS Privacy Policy. You can request a copy of the Privacy Policy and/or your information at any time. The personal information we collect is important to run our programs, to improve services for you and others, and to better understand your needs.

Your data will be used for the following reasons:

- To provide or coordinate services to you and others
- For functions related to payment or reimbursement for service
- To document the services this agency provides you
- To analyze and report data without specific client personal information
- For carrying out administrative functions

I (the client) authorize HMIS of Summit County/UWSM to disclose all of the following information (Sign your initials next to information you DO NOT wish to be shared).

_____ Name	_____ Progress Notes	_____ Household Relationships
_____ Race/Ethnicity	_____ Veteran Status	_____ Income History
_____ Disability Status	_____ Family Status	_____ Employment Skills
_____ Gender/LGBTQ Identity	_____ Legal History	_____ Admission/Intake History
_____ Educational History	_____ Services Provided History	_____ Other: _____

YES or NO **I have other people in my household receiving services with me.**

YES or NO **AS the head of household I add my household members as a part of this consent to share information.**

You (the client) may revoke this consent at any time, however any informtion shared proir to the change in consent cannot be changed. Ending this Consent cannot change that;

- Any notice to end this Consent must be in writing;
- This Consent is for one year and will expire after the Consent coverage date below;
- A copy (electronic or paper) of this Consent may be utilized by partner agencies in place of the original signed Consent.

Consent coverage date: _____ to _____

I have read this consent (or it was read to me). I understand and agree with this consent.

Client Signature _____ Date: _____

Agency Partner Signature _____ Date: _____

Summit County Continum of Care Partners and Housing Service Providers

ACCESS, Inc
Akron AIDS Collaborative
Akron Metropolitan Housing Authority
Community AIDS Network Akron Pride Initiative (CANAPI)
Community Health Center (CHC)
Community Support Services (CSS)
Family & Community Services (FCS)
Family Promise
Gus Johnson Community Foundation Inc.
Haven of Rest Ministries
Harmony House
H.M. Life Opportunity Services
JoAnna's House
Legacy III, Inc.
Hope & Healing of Summit & Medina Counties
North Coast Community Homes (NCCH)
Ohio Multi-County Dev. Corp.(OMCDC)
Project RISE (APS)
Shelter Care
Summit County Continuum of Care Direct Services
Tarry House
United Way of Summit & Medina (UWSM)
VA Community Resource Referral Center

Housing Service Providers and other SCCoC Partner organizations provide services, coordinate referrals, case manage and other services in HMIS. These organizations are required to have privacy policies in place to protect your personal information. We take your privacy seriously. We only collect information we consider appropriate or are required to collect.

Our HMIS Policy & Procedure manual can be found on the SCCoC website:

https://summitcoc.org/hmis-forms/