

Sonoma County Continuum of Care HMIS and Coordinated Entry System

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

What This Release Does: The purpose of this Release of Confidential Information consent form is to allow the homeless services system to use your information to help with housing/shelter placement and provide you with support services. We will share information with homeless service providers and other partners, verbally or in writing, when we are helping you find housing or providing services you desire. If housing resources become available, you will be notified about the referral(s) being made. Your information will be entered into the Homeless Management Information System (**HMIS**), a confidential HIPAA compliant online database. Your de-identified information may also be used for research purposes. All information entered into HMIS is protected by passwords and encryption technology and steps are taken to safeguard your information in our HMIS system.

Note: If you ever suspect that your confidential information in the HMIS system has been misused, please immediately contact the Sonoma County HMIS Coordinator at Daniel.Overbury-Howland@sonoma-county.org or call the Sonoma County Department of Health Services at (707) 565-4069.

Disclosures and Period of Enforcement: The release you are signing will be in effect for a period of three years from the date of signed authorization by you, unless you wish to identify a different date below:

This consent will expire on (Insert date) _____ (if left blank, this consent will expire three years from date of signature).

Signing this form is voluntary and your records won't be shared without this authorization. You have a right to receive a copy of this authorization and have been offered a copy. If you don't want to sign this consent, you and your family will not be refused services; however, allowing the homeless providers you work with access to this information will help them create a fully informed care plan to help place you into homeless services programs. You have the right to refuse to answer any of the questions on your screening, however, some questions are tied to program eligibility, which means that you could miss out on a potential housing opportunity.

If you do not wish to share your personal information (such as name, date of birth, and Social Security number) you have the option to enroll for services without providing this information. If you are experiencing/fleeing domestic violence, you may want to discuss protecting your identity with a staff member.

Overview: The Sonoma County Continuum of Care HMIS is a shared database used by provider agencies that work together to provide services for those experiencing homelessness. Client information assists the agencies to plan for and provide services. This information will be shared among agencies to provide coordination and delivery of those services.

Every project that receives federal homeless project funds from the U.S. Department of Housing and Urban Development is required to enter data on persons served with those funds into HMIS. Some

Participant name: _____

projects funded through the U.S. Veterans Administration and the U.S. Department of Health and Human Services may also be required to enter data into HMIS. Other projects voluntarily enter data into HMIS to support services coordination efforts. The Sonoma County Homeless Coordinated Entry System (CES), which maintains information in HMIS, provides “no wrong door” access at many CES Cooperating Agencies to housing programs throughout the county, and reduces the work people experiencing homelessness must do to locate housing and move out of homelessness. Participants must consent to any collection, use, and release of their information, unless otherwise provided in the Privacy Notice or required by a court order or law.

You have the right to revoke (take back) this authorization by sending a signed notice to the Sonoma County HMIS Administrator: 1450 Neotomas Ave, Santa Rosa, CA, 95405 or via e-mail at Daniel.Overbury-Howland@sonoma-county.org. Revocation will take effect the day it is received, but will not affect any disclosure staff previously made.

The list of Sonoma County HMIS Participating Agencies and CES Cooperating Agencies who may have access to your information can be accessed using the QR code on page 5 of this release. Additional agencies may become HMIS Participating Agencies or CES Cooperating Agencies at any time and without notice, and you may request a current list of those Agencies at any time.

Agreement to execute using electronic signature: I understand and intend that my electronic signature and electronic initials on this form shall have the same force and legal effect as if signed or initialed with an original ink signature. I represent, warrant, and agree that my signature and initials, whether in electronic or original ink, are a valid, enforceable, and fully effective consent and agreement.

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

- I am allowing HMIS Participating Providers and CES Cooperating Agencies to provide coordinated case management for shelter/housing placement and/or services.
- I, as head of my household, authorize HMIS Participating Providers and CES Participating Agencies to collect, update, use, view, and share the following with other HMIS Participating Providers and CES Cooperating Agencies to whom I have been or may be referred for housing, shelter, or other homeless service:
 - Identifying information including full name, DOB, SSN, race, ethnicity, gender, phone number, address, and other similar identifying information
 - Confidential information gathered during the intake or assessment process (including health, personal finance information, and homeless history)
 - Eligibility information including proof of homelessness, veteran status, income, insurance, and disabilities
 - Confirmation of participation and certain information in related mental health or physical health programs for the purpose of determining program eligibility
 - Shelter and/or housing program(s) preference and information
 - Record of services provided
 - The date of enrollment and exit in programs and the Coordinated Entry System

• I authorize any CES Cooperating Agencies to share the following information with _____ (contact listed in “Participant Info” section of HMIS Dashboard) for the purposes of coordinating enrollment in CES and contacting me when housing opportunities arise:

- Enrollment status in the Coordinated Entry System
- Date of enrollment
- Details of housing opportunity available

• My signature (or mark) indicates that I have read (or been read) the information provided above, have had all my questions satisfactorily answered, and agree to provide information for the purpose of enrolling in the Sonoma County Homeless Coordinated Entry System or services of an HMIS Participating Agency.

• Information that the agencies on this form share with each other may be re-disclosed by the recipient. I understand that sometimes re-disclosure is allowed by law and my information may no longer be protected by confidentiality laws; for example, if I allow disclosure to a family member.

• I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate to the best of my knowledge.

• I understand that participation in HMIS and the Coordinated Entry System is on a voluntary basis. I do hereby release the Sonoma County Coordinated Entry System and its Cooperating Agencies from any liability from any injury, accident, vandalism, or theft that may occur during my(our) enrollment in Coordinated Entry. The release includes all household members listed below.

I hereby provide my consent to collect data for ultimate entry into the Sonoma County Homeless Management Information System (HMIS) (One, and only one of the below boxes must be checked):

Yes

No

By checking No above, I hereby decline to provide my personal information into the Sonoma County HMIS and will be assigned a unique code instead of using my name.

If I am assigned a code, I give CES Cooperating Agencies the permission to use my unique code to contact me about possible housing opportunities and for updates on my housing situation.

I understand that my number will be kept outside of HMIS and will be secured with the following agency:

_____.

Staff Name: _____

Email: _____

Phone Number: _____ Staff

Signature: _____

PRINT NAME (Participant)

REPRESENTATIVE (if applicable, guardian)

SIGNATURE OF HEAD OF HOUSEHOLD or OTHER PARTY _____
DATE

HOUSEHOLD MEMBERS (if applicable):

Name: _____ Date of Birth: _____ Relationship: _____

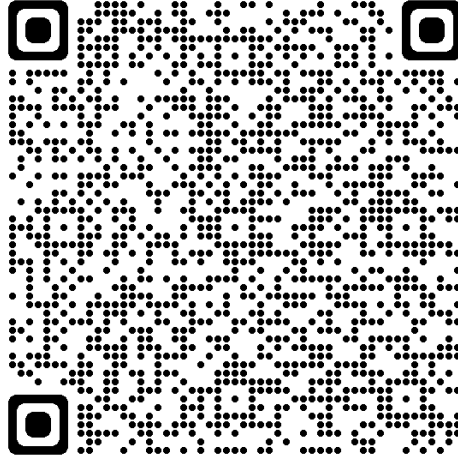
Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Participant name: _____

The list of Sonoma County Homeless Service Providers (HMIS Participating Agencies or CES Cooperating Agencies) who may have access to your information can be found here:

<https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/get-help/hmis-participating-agencies-and-ces-cooperating-agencies>



Participant name: _____