

Chicago Homeless Management Information System

Client Consent Form for Data Sharing

Purpose of this Form

To better serve you and at times because of funder requirements, we (“our organization”) would like to obtain information about you and enter this information into a database called the Homeless Management Information System (HMIS) so this information can be shared with other organizations who may be able to provide you services. To do so, we need your consent. If you have any children under age 18, you also will be asked to decide how their information will be shared and sign a separate consent form for each child.

What are the Benefits of Sharing Your Information?

- It informs us and other organizations that use HMIS of the services you receive here, which allows us and them to better serve you and helps us locate other programs for which you may be eligible.
- You will not have to provide all your information each time you seek services.
- If you become prioritized for housing, the organizations that participate in HMIS may be notified. As a result, they may inform you about the housing opportunity when you seek services from them.

How Else May We Use this Information?

- To help with payment for services provided, carry out administrative functions of the programs, and comply with government and funder reporting obligations.
- To help understand how the homeless response system operates so we can improve services and supports for people experiencing homelessness.
- For data analysis, community reporting purposes, or academic research.
- When required by federal and state laws.
- As further described in the Standard Agency Privacy Policy, as may be amended from time to time.

How Is Your Data Protected?

- Every organization that participates in HMIS is required to comply with the Standard Agency Privacy Policy.
- Members of our organization and all organizations that use HMIS must sign an agreement to protect your privacy and comply with applicable state and federal laws.
- HMIS complies with or meets industry-standard security requirements.
- There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at helpdesk@allchicago.org.

You May Skip Questions

- If you choose to share your information in HMIS, we recommend that you answer all the questions, but you can skip any question you want. In some cases, this can make it more difficult to receive the services for which you may be eligible.

What if You Change Your Mind?

- You can make changes regarding the sharing of your information or revoke your consent at any time by completing and signing a new Consent Form.
- A change or revocation is not effective to the extent that we or another organization acted in reliance on your previous consent to disclose information. Information that was previously disclosed may be subject to redisclosure.
- Your information will not be shared from the date you sign a new Consent Form revoking your consent and going forward.

Additional Authorization may be Required Under HIPAA or Other Laws

- If our organization is a covered entity under the Health Insurance Portability and Accountability Act of

1996 (“HIPAA”), we may request that you sign a HIPAA authorization to release protected health information. In the event the health information you provide includes a category of sensitive health information your explicit consent and authority to release such information may be required under Illinois and/or federal law and we may request that you sign additional authorization forms relating to the disclosure of this information.

Please Select One of the Options Below

Full Sharing ☐

I choose to have my information entered into HMIS and shared with all organizations that use HMIS.

Limited Sharing ☐

I choose to have my information entered into HMIS and shared only with this organization, the system administrators who run the HMIS database, and the team who coordinates referrals to housing, also called the Coordinated Entry team. This may limit the types of other services I receive and will mean I have to redisclose all of my information if I seek services elsewhere.

Information from Survivors of Domestic Violence and/or Human Trafficking should automatically be set to Limited Sharing by the staff entering the data

No Sharing ☐

I choose not to have my information entered in HMIS. I understand that as a result, this organization may not be able to offer me as many services, but that it will provide as many emergency services as it is able. I also understand that I may not be eligible for as many housing or other service opportunities.

By signing this form, I acknowledge that:

- I have read this Consent Form in its entirety or received an explanation of its contents.
- The information I provide may include the following sensitive categories: alcohol/drug treatment information, mental health information and HIV/AIDS-related Information.
- Certain information may be shared without my consent in accordance with the Standard Agency Privacy Policy, as may be amended from time to time.
- This consent does not expire unless I withdraw it at any time by completing and signing a new Consent Form; however, any information previously shared cannot be taken back or revoked.
- Housing providers may record significant incidents in which I am involved. These incidents may be shared with entities that provide emergency services, housing coordination, and outreach services for matching individuals to appropriate programs.
- I may obtain an electronic or paper copy of my information that has been entered into HMIS upon a written request.
- Information disclosed pursuant to this Consent Form is no longer protected by federal or state law and may be subject to redisclosure.

Name of Participant

Signature of Person Giving Consent

Date

Relationship of person signing if not self:

☐ Parent or Legal Guardian

☐ Organization Staff (By signing this form, I attest that the Consent Form was read in its entirety to the person giving consent, and this person provided oral consent to sign this form on their behalf).

For more detailed information, ask to see a copy of our Standard Agency Privacy Policy.