Lake County Continuum of Care (LCCoC)
Homeless Management Information System (HMIS)
Client Informed Consent and Release of Information Authorization

(_____) is a Partner Agency in the Lake County Continuum of Care's (LCCoC) Homeless Management Information System (HMIS). HMIS is data collection software that collects information on clients who are homeless or at risk of homelessness.

How HMIS Helps Provide Services: The LCCoC HMIS Partner Agencies can improve services and programs for individuals who are experiencing or at risk of homelessness through shared client information. As service providers collect information it opens up services and resources that you may be eligible for. By sharing client information with service providers, it helps to inform and coordinate these services to prevent homelessness or shorten your length of time experiencing homelessness.

How Your Information is Protected: The HMIS is operated over the Internet through secured database to protect the client's personal information. Each authorized user receives annual Security and Privacy Training based on federal HMIS Privacy Standards. Users are required to attend the training once per year and sign a user agreement based on the federal HMIS Privacy Standards.

The information collected is:

- Name, age, gender, race, ethnicity, city/town, social security, and veteran's status;
- Medical benefits, physical health, mental health, and substance use;
- Income, income source, public benefits, household and family information, and living situation.

How HMIS is Used: The HMIS data is generated in reports that are given to state and federal officials. These reports help drive funding for the services provided for those experiencing homelessness or at risk of homelessness.

_____(INITIAL) I understand the above statements and consent to the inclusion of personal information in HMIS about me and any dependents listed below, and authorize information collected to be shared with Partner Agencies.

_____(INITIAL) I understand that my personal information will not be made public and will only be used with strict confidentiality as per federal HMIS Privacy Standards.

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_____(INITIAL) I understand that federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 USC 290dd-2 for federal law and 42CFR Part 2 for federal regulations.)

_____(INITIAL) I understand and acknowledge that the data pertaining to the services provided to me and the records maintained by the Agency stated above may include medical/health information, including my HIV/AIDS status, substance abuse history, other information, the privacy of which may be protected by federal and/or California law, and expressly consent to the release of such information as well as the information expressed in the sections above regarding crimes and child abuse/neglect.

_____(INITIAL) I understand that this consent shall expire on_____. I understand that I may withdraw my consent at any time prior to that date by supplying a written request form to the agency listed above and that my information will remain in the HMIS but will no longer be accessible to any users EXCEPT the HMIS administrator.

_____(INITIAL) I give my consent to share my personal information in the HMIS with all Lake County Continuum of Care Partner Agencies EXCEPT (please check those listed below you do not want your information shared with):***

☐ _County of Lake Probation Department
☐ _Lake County Public Health
☐ _Sutter Health
☐ _Department of Veterans Affairs
☐ _Hope Rising
☐ _Praises of Zion
☐ _Mendocino Community Health Clinic
☐ _Lake County Behavioral Health Services
☐ _California Dept. of Corrections and Rehabilitation
☐ _Adventist Health
☐ _Lake County Office of Education
☐ _Nation's Finest
☐ _North Coast Opportunities
☐ _Elijah House
☐ _Redwood Community Services
☐ _ Sunrise Special Services
☐ _Employment Development Department

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☐ _Lake County Housing Commission

☐ _Lake County Department of Social Services

☐ _World Wide Helping Hands

☐ _Other_____

_____(SIGNATURE) I give my authorization to enter and share my information in the Lake County Continuum of Care HMIS. I understand that I have the right to any and all information entered into HMIS and may receive a copy of it by filling out a request to the agency stated above.

_____(SIGNATURE) I give my authorization to enter and share the information of my child/ren and/ or child/ren's I am the legal guardian of, in the Lake County Continuum of Care HMIS. I understand that I have the right to any and all information entered into HMIS and may receive a copy of it by filling out a request to the agency stated above.

Name of Dependent Child/ren:_____

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_____

_____(SIGNATURE) I DO NOT give my authorization to enter and share my information in the Lake County Continuum of Care.

*****Note: A separate HIPAA-compliant authorization is required for disclosure of any patient health information, including mental health and drug and alcohol information protected by any state or federal privacy law including, but not limited to, Health Insurance Portability and Accountability Act ("HIPAA"), 45 C.F.R. parts 160 and 164, California Confidentiality of Medical Information Act ("CMIA"), Civil Codes sections 56-56.16, Welfare and Institutions Code section 5328, or 42 C.F.R. part 2.1 et se**