

**Columbus-Muscogee/Russell County Continuum of Care  
Homeless Management Information System (CM/RC CoC-HMIS)  
Client Consent for Network Data Sharing**

The Columbus-Muscogee / Russell County Continuum of Care Homeless Management Information System (CM/RC CoC-HMIS) is composed of independent homeless service provider organizations of the Columbus-Muscogee/Russell County community that are working to improve the lives of homeless persons and families while working toward the goal of ending homelessness in the area. The goal of the CM/RC CoC-HMIS is to better coordinate housing, health and supportive services to homeless persons of our community, to overcome barriers to referral and linkage faced by persons who are homeless and to implement appropriate support and case management assistance. Contributing HMIS Organizations (CHOs) may need to share confidential protected personal information (PPI) and protected health information (PHI) amongst them. In this Authorization, PPI and PHI are referred to together as “Confidential Information.” Disclosure of any Confidential Information between CHOs will require your signed authorization. If you agree to authorize the use and disclosure of your Confidential Information and/or that of any other person to whom you are a parent or guardian among CHOs, as described in this form, please sign below and mark each type of Confidential Information to be shared between CHOs.

I \_\_\_\_\_ (insert client’s name) understand and authorize employees of \_\_\_\_\_ (Disclosing Organization) to use, release, and disclose the Confidential Information of those persons listed below for the purposes set forth in this Authorization, to other CHOs and their employees, and health care providers, to the extent that they are designated herein.

I understand that “Confidential Information” includes each of the following that I have indicated that is housed in any of the records of the Disclosing Organization.

Check here to authorize access to all the following information:

- |                                 |                                   |
|---------------------------------|-----------------------------------|
| Basic Identifying Information   | Basic Medical Information         |
| Income and Benefits Information | Special Needs Information         |
| Public Assistance Information   | Program & Service Involvement     |
| Education & Vocational History  | Clinical Mental Health Assessment |
| Employment History              | Clinical Substance Abuse History  |
| Housing History                 | Veteran Information               |
| Legal Information               |                                   |

**Case Notes as Coordinated they relate to Coordinated Entry will be shared among service provider agencies for the following purposes:**

- Use and disclosure for coordinating care.**
- Use and disclosure to determining client prioritization for housing**
- Use and disclosure for making referrals.**
- Use and disclosure for determining participant progress.**

**I UNDERSTAND AND AGREE THAT:**

- I have had the opportunity to ask questions about the CC-HMIS and about how my information will be shared with other CHOs.
- I am giving \_\_\_\_\_ (*Disclosing Organization*) permission to enter information into CC-HMIS and retain as required by law.
- I am giving permission for the CHOs to receive access to my information.

- I understand that a copy of current CHOs is available upon request.
- The CHOs will be able to see information that is presently in this assessment, and any additional information that is recorded during enrollment in Disclosing Organization's program.
- The CHOs that see this information have no obligation to provide services to me.
- I understand that my Confidential Information will be used for reporting purposes beyond the scope of this Disclosing Organization by means of aggregate reports where Disclosing Organization's client records are not personally identified.
- Staff members of the CHOs who will see my information have signed agreements to maintain the confidentiality of information.
- Services at \_\_\_\_\_ (*Disclosing Organization*) cannot be denied to me because of my refusal to authorize the release of my information.
- If I change my mind, I have the right to stop new information from being entered at any time.
- To end sharing, I must contact this organization and sign a request to terminate data sharing.
- I understand that information already entered into CM/RC CoC-HMIS will remain in the system for non-identifying aggregate reporting despite a signed request to terminate data sharing.

_____	_____	_____
Client Name (please print)	Client Signature	Date
_____	_____	_____
Organization Staff Name (please print)	Organization Staff Signature	Date

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Client refuses to share information (Have client initial)

**FOR FAMILIES WITH MINOR CHILDREN:**

To ensure there is no fraudulent use of this consent form, the client listed above is specified as head of household, and the names and dates of birth for any and all minor children for whom I am legally responsible must be listed below.

_____	_____	_____
Child's Name (please print)	DOB	Date
_____	_____	_____
Child's Name (please print)	DOB	Date
_____	_____	_____
Child's Name (please print)	DOB	Date
_____	_____	_____
Child's Name (please print)	DOB	Date
_____	_____	_____
Child's Name (please print)	DOB	Date
_____	_____	_____
Child's Name (please print)	DOB	Date
_____	_____	_____
Child's Name (please print)	DOB	Date

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Community Supervision**  
**Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

## **What is ClientTrack?**

When you request or receive services from contributing HMIS organizations (CHOs) that are participating in the Columbus area ClientTrack Homeless Management Information System, we collect information about your household and enter it into a computer program that helps us to keep track of that information. This program is used by many agencies throughout Columbus that provide services to homeless and low-income persons.

**What information is collected about you?** Depending on your situation, you may be asked for some or all of the following:

- Basic identifying information (may include name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, military veteran status, whether or not you have a disability)
- Housing information (may include address, type of housing, homeless status, and reason for homelessness)
- Income information (may include sources and amounts of household income, employment information, work skills)
- Legal history/information (may include criminal history, debt accrued, and outstanding fines)
- Medical information (may include medical history, current health conditions or concerns)
- Services needed and provided; outcomes of services provided

**Why is the above information collected?**

- To better assess your needs and the needs of others in your community, as well as what services are available to you
- To track whether your needs, and the needs of others in your community, were actually met
- To improve the quality of care and service for homeless individuals and families

**What happens to your information?**

- When you request services from this agency, your information will be entered into the Columbus Area ClientTrack system, which operates over the Internet. ClientTrack uses many security protections to ensure confidentiality and only agencies that use ClientTrack in Columbus can access this program.
- You can decide what information is shared with other agencies.
- If you allow us to share information about you, only authorized persons at these agencies will have access to it.

**Why should you agree to have your information shared with other Columbus agencies that use ClientTrack?**

By sharing your information with these agencies, you will help them:

- Identify other services or programs you may be eligible for,
- Better coordinate services for you and your household,
- More accurately count the number of homeless persons, the services available and what other services are needed,

- Show the people who fund homeless programs that the services are needed and help the agencies to obtain other funding for programs that serve homeless persons.