



CNYHMIS Client Consent Form

Client Name: _____ Date of Birth: _____

Agency: _____ Program: _____

I know that this agency is part of the CNY HMIS (Homeless Management Information System). The CNY HMIS is a system that uses computers to collect information about homelessness in order to help plan and pay for services to people who are homeless or requiring services to prevent homelessness. The CNY HMIS is administered by the Housing and Homeless Coalition of Central New York (HHCCNY).

With this written consent, CNY HMIS agencies that offer me services may enter, see, and update basic information about me and/or my children including name, gender, race, ethnicity, birth date, veteran status, proof of homelessness, income, insurance, disabilities (including HIV/AIDS status) and service transactions related to housing, food, and material goods.

The Agency shall only release client records to non-partner agencies with proper written consent by the client unless otherwise permitted by relevant laws or regulations. Any research performed with this data is completely de-identified. No personally identifying information will ever be revealed in research or public reporting from HMIS data.

Decisions to deny outreach, shelter, or housing will not be based solely on information in this system. My decision to sign or not sign this consent document will not be used to deny outreach, shelter, or housing services.

I may withdraw the consent except for information that has already been given out or actions already taken, by informing the agency in writing that I want to withdraw my consent. This consent will **end one year** from the date signed.

I have a right to see my CNY HMIS record, ask for changes, and to have a copy of my record from this agency upon written request.

Tompkins County Coordinated Entry Network:

The Advocacy Center, Catholic Charities, Family and Children's Service of Ithaca, Human Services Coalition of Tompkins County, Lakeview Health Services, The Learning Web, Opportunities and Resources (OAR), Soldier On, St. John's Community Services, Tompkins Community Action, Tompkins County DSS- Special Services Unity, and the United States Department of Veterans Affairs.

Dates of release _____ / _____ / _____ to _____ / _____ / _____
(Date of first service) (One year from date of first service)

Coordinated Entry Releases

- I authorize HSC to share my homelessness history as it is recorded in HMIS with _____ (Agency name) and other Coordinated entry Agencies
- I authorize _____ (Agency name) and HSC to record and share my medical information pertaining to my eligibility for housing programs. This information is only shared with Coordinated Entry Agencies, and the minimum necessary information is collected and shared.

Client Signature

Date

Agency Witness

Date

Only check if you are **rescinding** authorization to release information in HMIS.

- I rescind my authorization to the CNY HMIS. I do not want any future information to be shared with other agencies in the HMIS

Client Signature

Date

Consent on behalf of household members – An adult head of household may provide consent on behalf of their family members to share their information in the HMIS.

Head of household name: _____

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

Client Signature

Date

Agency Witness

Date