



## 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, Cayuga Addiction Recovery Services (CARS), Family and Children’s Service of Ithaca, Homes and Community Renewal, Human Services Coalition of Tompkins County, Ithaca Housing Authority, Lakeview Health Services, The Learning Web, Opportunities, Alternatives, and Resources (OAR), REACH Medical, The Salvation Army, Second Wind Cottages, Southern Tier AIDS Program (STAP), Soldier On, St. John’s Community Services, Tompkins Community Action, Tompkins County DSS- Special Services Unit, Tompkins County Mental Health Department- Re-entry Program, the United States Department of Veterans Affairs, and Village at Ithaca.

**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