



CNYHMIS VERBAL Client Consent Form



Client Name: _____

Date of Birth: _____

Read the following aloud and **initial that you received informed consent in the space next to each bullet below.**

- “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 you services may enter, see, and update basic information about you and/or your 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. Your decision to sign or not sign this consent document will not be used to deny outreach, shelter, or housing services.”
- “You have a right to see your CNY HMIS record, ask for changes, and to have a copy of your record from this agency upon written request.”
- “You may withdraw the consent except for information that has already been given out or actions already taken, by informing HSC in writing that you want to withdraw my consent. This consent will **end one year** from the date signed.”

Dates of release: ____ / ____ / ____ to ____ / ____ / ____
 (today's date to one year from that date)

Tompkins County Coordinated Entry Network:

The Advocacy Center, Catholic Charities of Tompkins/Tioga, Cayuga Addiction Recovery Services (CARS), Family and Children's Service of Ithaca, Greater Ithaca Activities Center (GIAC), Homes and Community Renewal, Human Services Coalition of Tompkins County, Ithaca Housing Authority, Lakeview Health Services, The Learning Web, Opportunities, Alternatives, and Resources (OAR), Rehabilitation Support Services (RSS), 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 Department of Social Services, Tompkins County Whole Health, the United States Department of Veterans Affairs, Village at Ithaca, and Volunteers of America.

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------|
| 1. Does the client authorize the Coordinated Entry Network listed above to share and record information pertaining to their eligibility for housing programs and homelessness history for the purpose of case conferencing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the client authorize HSC to share their homelessness history as it is recorded in HMIS with the Coordinated Entry Network listed above? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the client authorize HSC to record and share their medical information pertaining to their eligibility for housing programs? This information is only shared with Coordinated Entry Agencies, and the minimum necessary information is collected and shared. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Verbal Consent was given to: (name) _____ **on (date)** _____.

Agency Witness: _____ **(signature)**