

**Columbia County Homeless Management Information System (HMIS)
CLIENT CONSENT FOR DATA COLLECTION AND RELEASE OF INFORMATION**

What is the HMIS? HMIS is a computer data system that collects and stores information on individuals and families using services. The data will be used to describe the number and characteristics of program clients. It tracks the type of service given and how often services are used. HMIS is used to assess local service needs and to assist our community to make informed decisions about the most effective service delivery models.

What is the purpose of this form?

With this form, you can give permission to have information about you collected and shared with partner agencies that help Community Action Team provide housing and services. Partner agencies are listed below.

Oregon Housing and Community Services (OHCS)	Rural Oregon Continuum of Care (ROCC)
Northwest Oregon Housing Authority (NOHA)	Department of Human Services (DHS)
Medicine Wheel Recovery Services (MWRS)	Clatsop Community Action Team (CCA)
Community Action Resource Enterprise (CARE)	Department of Veteran’s Affairs (VA)
Housing and Urban Development (HUD)	Columbia Community Mental Health (CCMH)

BY SIGNING THIS FORM, I AUTHORIZE Community Action Team to share HMIS information with partner agencies. The HMIS information shared will be used to help me get housing and services. It will also be used to better understand and improve housing and homeless service programs. I understand that the partner agencies may change over time. The information to be collected and shared includes:

Name, birthday, gender, race, ethnicity, social security number, phone number, address	
Basic medical, mental health, substance use, and daily living information	
Housing Information	Use of crisis services, hospitals, and jail
Employment, income, insurance, and benefits	Results from assessments

BY SIGNING THIS FORM, I UNDERSTAND THAT:

- Community Action Team and partner agencies will keep my HMIS information private using strict privacy policies. I have the right to review their privacy policies.
- I can receive a copy of this Consent and the Client Information Sheet
- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.
- This Consent will expire 7 years from my last HMIS recorded activity.
- I may revoke this Consent at any time in writing. The revocation will take effect upon receipt, except to the extent others have already acted under this Consent, and after partner, agencies and Community Action Team have been notified so that revocation does not interfere with care or service coordination.
- My HMIS information may be further shared by the partner agencies to other agencies for care coordination, counseling, food, utility assistance, and other services.
- My HMIS information may be viewed by auditors or funders who review work of the partner agencies, including HUD, the Dept. of Veteran Affairs, the Dept. of Health and Human Services, and Oregon Housing and Community Services (OHCS). I understand that the list of auditors and funders may change over time.
- My HMIS information may be used to help evaluate the quality of services provided. It may also be used for research purposes that align with Community Action Team’s goals and mission.

SIGNATURE:

Printed Name

Signature of Client or Representative

Date

Printed Name

Signature of Client or Representative

Date