

Montana CoC - HMIS & Coordinated Entry Release of Information

Data Entry Disclosure, Client Consent & Service Matching

About HMIS and Coordinated Entry:

The Coordinated Entry System (CES) streamlines and matches available housing and services for people experiencing homelessness. In order to ensure that I am connected to the most appropriate housing that I am eligible for, I will be asked questions about my specific situation.

This agency participates and enters data into the Homeless Management Information System (HMIS), which is a secure online database used by homeless service providers to store personal information, track program and client outcomes. Information entered into HMIS may include my name, social security number, date of birth, gender, race, ethnicity, housing status, Veteran status, income and source, referrals, referral outcomes, assessment information and services received.

What am I agreeing to?

By agreeing to this document, you acknowledge:

- The providers participating in Coordinated Entry and/or HMIS agree to maintain confidentiality.
- Information about my household will be shared with and updated by service providers that are assisting me - which may include a case conferencing team that meets on a regular basis.
- This consent form is completely voluntary and I do not have to agree to authorize any use or disclosure.
- This consent is valid for SEVEN YEARS from the date of signature unless revoked. And I understand that I have the right to revoke this consent at any time by submitting a request in writing. I understand that the revocation will not apply retroactively to any information that has already been shared.
- The Privacy Policy describes the ways in which CES and HMIS client data information may be used or disclosed.
_____ I have received a paper copy of the complete Privacy Policy.
- A list of service providers participating in HMIS and Coordinated Entry and Case Conferencing can be found at <https://www.pcni.org/communities/montana-statewide>, or a printed list is available on my request.

My signature below indicates that I have read (or been read) the information provided above and have received answers to my questions.

- YES, I agree to share my household's information for all the purposes listed above and with the providers participating in Coordinated Entry and HMIS.
- I do not agree to my household's personally identifying information being shared with other CES and HMIS providers, but understand it will still be entered in HMIS, and I still wish to be considered for available resources, using a unique identifier rather than my name.

Printed Name

Signature of Client

Date

Agency Name

Date

For 2-1-1 use only:

Your verbal consent must be recorded for our records. (press record button).

This call is now being recorded. Please state your name.

Do you agree to share your household's information for all the purposes listed and with the providers participating in Coordinated Entry and HMIS?

Thank you, I will now discontinue recording this call.

(End recording by pressing the record button again.)