

Yolo Continuum of Care (CoC) HMIS ROI

Consumer’s Informed Consent & Release of Information Authorization

Sacramento Steps Forward (“SSF”) is a nonprofit organization that partners with local, state, and federal agencies to accomplish the shared goal of ending homelessness. By partnering with these various agencies, SSF focuses on strengthening the community’s response to homelessness through the use of data and analytics to drive system-level changes, prioritize racial equality, and enhance access to services. SSF uses a local information technology system called the Homeless Management Information System (“HMIS”) to collect Protected Personal Information (“PPI”) from people experiencing homelessness. Though not limited to HMIS, local partnering agencies also use local database systems to collect PPI from people experiencing homelessness.

THE PPI THAT IS COLLECTED MAY CONSIST OF THE FOLLOWING:

- Name
- Date of Birth
- Social Security Number
- Gender
- Ethnicity and Race
- Program Entry Date
- Program Exit Date
- Income and Non-Cash Benefits information (sources and amounts of household income, employment information, work skills)
- Housing information (may include address, type of housing, homeless status, and reason for homelessness)
- Residence Prior to Project Entry
- Homeless History
- Zip Code of Last Permanent Address
- Family Composition
- Employment Status
- Veteran Status
- HIV/AIDS
- Domestic Violence
- Mental Health
- Disabling Condition
- Alcohol & Drug
- Legal history/information
- Contact Information
- Photo (If applicable)

Through the use of the HMIS and other local database systems, SSF and local partnering agencies are able to evaluate the effectiveness of services provided to the homeless to better understand homelessness and improve the delivery of services to the homeless. SSF and local partnering agencies protect the PPI that is collected and entered into the HMIS by limiting access to the database and by limiting with whom the PPI may be shared, in compliance with the standards set forth by federal, state, and local regulations governing the confidentiality of PPI. Only agencies that have entered into an HMIS Agency Participation Agreement (“Participating Agencies”) have access to the HMIS and the local database systems. Every person employed or associated with a Participating Agency that is granted access to the PPI must sign an End-User Agreement to maintain the security and confidentiality of the PPI.

The PPI will be used to:

- a. Produce a client profile at intake that will be shared by collaborating agencies.
- b. Produce anonymous, aggregate-level reports regarding the use of services.
- c. Track individual program-level outcomes.
- d. Identify unfilled service needs and plan for the provision of new services.
- e. Allocate resources among agencies engaged in the provision of services.

BY SIGNING THIS AUTHORIZATION, I UNDERSTAND AND AUTHORIZE THAT

- ✓ The use or disclosure of PPIs are for activities described in the Privacy Statement.
- ✓ Use of my likeness in a photograph will be viewable by Participating Agencies and may be cropped or edited, as needed. I waive my right to approve or inspect the finished photograph.
- ✓ PPI concerning physical or mental health problems will not be shared with Participating Agencies in any way that identifies me.



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- ✓ Participating Agencies have signed agreements to treat PPI in a professional and confidential manner. I have the right to view the list of Participating Agencies and their policies regarding the security and confidentiality of PPI.
- ✓ All employees of Participating Agencies who will have access to PPI have signed End-User Agreements to maintain confidentiality regarding my PPI.
- ✓ Signing this Authorization is optional and does not guarantee that I will receive assistance, nor will I be denied assistance if I choose not to sign this Authorization.
- ✓ Federal, state, and local regulations govern the confidentiality of PPI. If I choose to not sign this Authorization, my PPI cannot be disclosed, unless otherwise provided for in the regulations.
- ✓ Auditors or funders who have legal rights to review the work of SSF, including the U.S. Department of Housing and Urban Development may see my PPI.
- ✓ Sacramento and Yolo Continuum of Care (CoCs), local partnering agencies, and the HMIS Vendor may see my PPI.
- ✓ I may revoke this Authorization by signing a “Consumer Revocation of Informed Consent and Release of Information Authorization form.” If I revoke this Authorization, all PPI already in the HMIS will be privatized or anonymized and other data collected will be processed as described in the “Consumer Revocation of Informed Consent and Release of Information Authorization form” and will take into effect.
- ✓ I have had an opportunity to ask questions about this Authorization.
- ✓ I have the right to receive a verbal explanation of the contents of this Authorization.
- ✓ I have the right to an interpreter if English is not my primary language.
- ✓ I have the right to receive a copy of this Authorization.
- ✓ This release is valid for seven (7) years from the date of my signature below.

By signing below, I hereby authorize that any PPI entered into HMIS for myself and/or my dependents (under the age of 18 years old) can be shared with HMIS Participating Agencies described in this Authorization, as is allowed by local, state, and federal laws.

Consumer’s Name (Print)

Consumer’s Signature

Date

Agency Personnel Name (Print)

Agency Personnel Signature

Date