

# Texas Balance of State Continuum of Care Release of Information

For the Texas Homeless Management Information System



HMIS ID #: \_\_\_\_\_

## NOTICE OF DATA COLLECTION

When you request services from [AGENCY NAME] (“the Agency”, “this Agency”), the Agency will collect information about your household and enter it into a computer program called the Texas Balance of State Continuum of Care (TX BoS CoC) Homeless Management Information System (HMIS), or ClientTrack. Agencies throughout the Texas Balance of State Continuum of Care that provide services to individuals and families at-risk of or currently experiencing homelessness use ClientTrack (“HMIS Participating Agencies”).

Depending on your household’s situation and the program your household is receiving services from, you may be asked questions relating to some or all of the following:

- **Demographic information (Personal Protected Information)** including but not limited to name, social security number, date of birth, race, gender, ethnicity, marital and family status, household relationships, veteran status, and disabling conditions;
- **History of housing and homelessness** included but not limited to address history, housing status, length of homelessness, reason for homelessness; Household/ Family Unit information;
- **Program specific information including** but not limited to income, non-cash benefits, educational attainment, employment status, domestic violence experience, military history, educational background;
- **Risk information** including but not limited to risk of harm to self or others, involvement in high-risk and/or exploitive situations, interactions with emergency services, legal issues, and managing tenancy;
- **Socialization and daily functions information** including but not limited to self-care and daily living skills, personal administration and money management, meaningful daily activities, social relations and networks;
- **Health and wellness information** including but not limited to mental health, cognitive functioning, physical health, medication, substance abuse, experience of abuse and/or trauma;
- **Transactional information** including but not limited to service need, referrals, service provision, and outcome;
- **Photograph** for identification purposes.

Please consider the following about the collection of your data by this Agency:

- ✓ Your records are protected by federal and state regulations governing confidentiality of client records.
- ✓ Unless the law requires us to share your information without permission (*See Page 2 of the Privacy Policy*), your information can only be disclosed with your written permission.
- ✓ The Agency collects required information based on the characteristics of the funding source.
- ✓ Unless we need an answer to know if you are eligible for a service or if the program requires it, you can refuse to answer any question at any time and you will never be denied help because you refused.

Your Rights:

- ✓ You have the right to receive a paper copy of this form.
- ✓ You have the right to inspect, correct, and have a copy of any demographic information, or Personal Protected Information, collected by the Agency.

# Texas Balance of State Continuum of Care Release of Information



For the Texas Homeless Management Information System

HMIS ID #: \_\_\_\_\_

## CLIENT RELEASE OF INFORMATION CONSENT FORM

As mentioned in the Notice of Data Collection, your information can only be disclosed with your written permission. The sharing of your information will enable the Agency and other HMIS Participating Agencies to coordinate services for your household, identify gaps in the local service system, and evaluate program performance, which help agencies obtain additional funding for programs. The following outlines important information you should know before making a decision:

- ✓ This release of information authorization is valid for three (3) years from the date of this document.
- ✓ You may cancel this authorization at any time by written request by contacting the HMIS Program Manager. It is important to mention that by canceling this authorization you are canceling the sharing of any future information. It will not impact that sharing of information already shared in the system.
- ✓ The list of HMIS Participating Agencies may change as agencies start and others stop using the system.

### Sharing in HMIS

If you permit it, this Agency may share your HMIS information with other agencies using HMIS, in order to (but not limited to) assess needs, provide better assistance, improve the quality of care, services and find better solutions to address the current situation. [For a list of participating agencies, please refer to "HMIS Participating Agencies"].

Please initial next to ONE of the following:

Yes, [AGENCY NAME] has my consent to share my information in HMIS with other TX BoS CoC HMIS Participating Agencies.

No, [AGENCY NAME] does not have my consent to share my information in HMIS with other TX BoS CoC HMIS Participating Agencies.

### Sharing Outside of HMIS

If you permit it, this Agency may share and discuss information about you and your household outside the computer system to ensure appropriate analysis and faster placement or referral.

Please initial next to ONE of the following:

Yes, [AGENCY NAME] has my consent to share and discuss my personal information about me and my family outside of the computer system.

No, [AGENCY NAME] does not have my consent to share and discuss my personal information about me and my family outside of the computer system.

**Your signature, or mark, below indicates that you have read, or have been read, the information provided above and have freely chosen to participate.**

Client, or Representative, Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please treat information about my children age 17 or younger the same as mine.

Dependent(s) Names: \_\_\_\_\_

\_\_\_\_\_