

CLIENT RELEASE



When you request or receive services from _____ (agency name), we collect information about you and your household and enter it into a computer program called TX ClientTrack. This program helps us to better understand homelessness, improve service delivery, and evaluate the effectiveness of services. TX ClientTrack is used by social service agencies throughout the state that provide services to homeless and at-risk individuals and families.

What information is collected? Depending on your situation, you may be asked for some or all of the following:

- Basic identifying information (including name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, veteran status, disability status)
- Housing information (includes address, housing type, homeless status, and reason for homelessness)
- Income information (sources and amounts of household income, employment information, work skills)
- Legal history/information
- Medical information
- Services needed and provided; outcomes of services provided

What happens to the information collected?

- Details of your medical/health status will **never** be shared between agencies using TX ClientTrack.
- With your approval, information collected is shared with other service agencies, but only with authorized persons at these agencies.
- Collectively, information (but not your personal identifying information) is used in statewide reports.

NOTE: TX ClientTrack uses many security protections to ensure confidentiality and restrict access only to participating agencies.

Why should you agree to have your information shared with other agencies that use TX ClientTrack?

By sharing your information with these agencies, you will help them:

- Identify other services or programs you may be eligible for;
- Better coordinate services for you and your household;
- More accurately count the number of homeless and at-risk persons, services available and needed;
- Show funders and state agencies that services are needed; and,
- Obtain additional funding for programs.

CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

You have the option to restrict access to personal information that you are providing about yourself and your minor children. You may modify this consent with respect to the sharing of your information at any time.

Except for medical/health status information, you have my consent to share all other information about me with other TX ClientTrack agencies in Texas unless specified otherwise below.

NOTE: Your 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, but the cancellation will not be retroactive. Please refer to the HMIS Privacy Standards and _____'s (Agencies Name) Policies & Procedures for more information regarding release of information authorizations.

I have received and been explained the HMIS Privacy Standards.

SIGNATURE OF CLIENT OR GUARDIAN DATE

SIGNATURE OF AGENCY WITNESS DATE