

CLIENT CONSENT RI HMIS DATA COLLECTION

This client notice and consent describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. **If you have any questions or desire any further information regarding this form please contact** Donald Larsen at 401-721-5685 x 25. Participation in data collection, although optional, is a critical component of the community's ability to provide the most effective services and housing possible. ***Please understand that access to shelter and housing services is available without participation in data collection.***

I, _____ (print client's name), understand and acknowledge that

_____ (the "Agency") is affiliated with the Homeless Management Information System (HMIS), and I consent to and authorize the collection of information and preparation of records pertaining to the services provided to me by these Agencies. The information gathered and prepared by these Agencies will be included in a HMIS database of collaborating agencies (list available), and **only to collaborating agencies**, who have entered into an HMIS Agency Participation Agreement and shall be used to:

- a. Produce a client profile at intake that will be shared by collaborating agencies
- b. Produce anonymous, aggregate-level reports regarding 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
- f. Provide individual case management

I understand that I have the right to inspect, copy, and request all HMIS records maintained by the Agency relating to the provision of services to me and to receive a paper copy of this form.

I understand that this release can be revoked by me at any time and that the revocation must be signed and dated by me. I further understand that this consent is subject to revocation at any time, except to the extent that the Agency has already taken action in reliance on it. I understand that my records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

Additionally, I understand that participation in data collection is optional, and I am able to access shelter and housing services if I choose not to participate in data collection. * This does not override this agency's active policies or intake procedures.

Client: _____
(Signature) (Date)

Witness: _____
(Name) (Position)

I consent to my photograph being taken for the 2014 RI Registry Week.

(Signature)

FACT Sheet: RI Homeless Management Information System (HMIS)

We will enter information you provide to us into a computer program called ServicePoint. We are doing this for several reasons:

- *To find out what we need to end homelessness in Rhode Island;*
- *To provide better service;*
- *To receive federal funds.*

IMPORTANT POINTS ABOUT HOW YOUR INFORMATION WILL BE USED

- *We will use ServicePoint to keep a record of your contact with our agency.*
- *We will not share **any** information **without your written permission** through a signed client consent form that allows us to share client profile information with collaborating agencies. This means that you will not have to provide the same information at more than one intake.*

HOW WILL MY INFORMATION BE KEPT SECURE?

We have done several things to make sure that your information is kept safe and secure:

- *The computer program we use has the highest security protection available;*
- *Any information that could identify you, like your name, SS# or birth-date, will be viewed only by people working to provide services to you, and will be removed before reports are issued to local, state, or national agencies;*
- *All employees agree to follow privacy rules before using the system.*

KNOW YOUR RIGHTS

You have the following rights:

- *To see a report of your records within 48 hours.*
- *To have your record changed so that information is up-to-date and correct.*
- *To refuse consent and still receive services.*
- *To file a complaint about how the system was used.*

To file a complaint, write to: HMIS Steering Committee, Attn: Don Larsen, RI Coalition for the Homeless, 1070 Main Street Pawtucket, RI 02860 or Call (401) 721-5685 Ext. 25 for an appointment