



CLIENT INFORMED CONSENT AND RELEASE OF INFORMATION

PERMISSION TO SHARE CONFIDENTIAL INFORMATION TO SECURE HELP WITH HOUSING

Please read the following notice and authorization (or ask to have it read to you) before signing. A staff member will review this form with you. Signing is voluntary.

_____ has agreed to participate in the Chittenden County Homeless Alliance Coordinated Entry Process. The Chittenden County Homeless Alliance Coordinated Entry Process includes organizations that provide homeless and housing assistance. As part of the Coordinated Entry, agencies agree to share information about individuals and families with other agencies in order to help a household to find or keep housing as quickly as possible.

This agency, _____, also participates in Vermont’s Homeless Management Information System (VT HMIS), Clarity. Agencies that participate in VTHMIS belong to an internet-based network. This network is administered by the Institute for Community Alliances. Your identity and information collected in VT HMIS will be shared, with your written consent, with the agencies listed in the VT Agencies Using HMIS document. VT HMIS includes your demographic information and other essential personal information needed to best determine your housing and service needs. If your information was previously entered into the system and not shared, the historical data will now be shared between the agencies listed.

The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements. The information you provide will only be shared with this agency, the agencies listed in the sharing agreement, and limited staff of the Institute for Community Alliances. No personally identifying information will be shared by our network with any department in the State of Vermont or the Federal Government that is not engaged in the provision of direct client services. Information collected is housed in a secure server located at Bitfocus Clarity in Nevada. Limited Bitfocus staff have access to this server and the data for the purposes of network support and maintenance. Data collected for the network will be maintained for at least seven years from the last date of service.

BENEFITS TO DATA SHARING FOR THE CONSUMER	
Eliminates duplicate intake paperwork.	Faster access to services and housing help.
Reduces the amount of time spent answering basic questions regarding your situation.	Allows agencies to focus on meeting your unique service needs.
Reduces the amount of times you have to tell your story to service providers.	Multiple services can be easily coordinated and streamlined.

* Vermont HMIS ensures the security of its system. Please see below for detailed information on security measures. *



A list of agencies currently participating in VT HMIS (this list is subject to change):

CCHA agencies participating in VT HMIS are in **bold**.

Addison County Parent Child Center

Anew Place

Barre Community Justice Center

Bennington Coalition for the Homeless

BROC – Community Action in Southwestern Vermont

Burlington Housing Authority

Capstone Community Action

Champlain Housing Trust

Champlain Valley Office of Economic Opportunity

Charter House Coalition

City of Burlington Police Department Community Support Liaisons

Clara Martin Center/Safe Haven Orange County

Committee on Temporary Shelter

Community Health Center, Burlington/Safe Harbor

Counseling Service of Addison County

Family Center of Washington County

Franklin Grand Isle Restorative Justice Center

Good Samaritan Haven

Greater Falls Warming Shelter

Groundworks Collaborative

Health Care Rehabilitation Services

Helping Overcome Poverty’s Effects (HOPE)

Homeless Prevention Center

Howard Center

John Graham Housing & Services

Lamoille County Mental Health Services

Lamoille Community House

Lamoille Family Center

Northeast Kingdom Community Action

Northeast Kingdom Human Services

Northeast Kingdom Youth Services

Northwestern Counseling & Support Services

Pathways Vermont

Rutland Parent Child Center

Rutland Mental Health Services

Samaritan House, Inc.

Southeastern Vermont Community Action

Spectrum Youth and Family Services

Springfield Area Community Parent Child Center

Springfield Supported Housing Program

Sunrise Family Resource Center

Supportive Services for Veteran Families at The University of Vermont

The Community Restorative Justice Center

The Veteran’s Place

The Winston L. Prouty Center

United Counseling Services of Bennington County

United States Department of Veterans Affairs

Upper Valley Haven

Vermont Agency of Human Services

Vermont Cares

Vermont Coalition of Runaway & Homeless Youth Programs

Veterans Inc.

Washington County Mental Health

Washington County Youth Services Bureau

Windsor County Youth Services

Youth Services Inc

A list of agencies participating in the Chittenden County Coordinated Entry System:

CCHA agencies not participating in VT HMIS are marked below with *.

Anew Place

Burlington Housing Authority

Cathedral Square Corporation

Champlain Housing Trust

Champlain Valley Office of Economic Opportunity

City of Burlington Police Department Community

Support Liaisons

Burlington Community Economic Development Office*

Committee on Temporary Shelter

Community Health Centers of Burlington

Howard Center

Hopeworks*

Pathways Vermont

Spectrum Youth & Family Services

Supportive Services for Veteran Families at The University of Vermont

Steps to End Domestic Violence*

United States Department of Veterans Affairs

The University of Vermont Medical Center*

Vermont Agency of Human Services

Vermont Cares

Vermont Coalition for Runaway and Homeless Youth Programs

Vermont Housing Finance Agency*

Veterans’ Inc.



Please note that if you grant permission for your information to be shared, it will be in effect for 3 years from the date you sign this form. However, you can contact _____ (agency) at _____ (phone number) to revoke your permission to share data. You may end your agreement verbally, or in writing, and your personal and service information will no longer be shared from that date going forward. If you revoke this consent, you give permission to the agency to inform the agencies on the VT Agencies Using HMIS document, to ensure there is no further re-disclosure of your information. If you do not give permission for this agency to release your information, no other agency in the network will have access to the file that this agency creates.

Maintaining the privacy and the safety of those using our services is very important. Your record will only be shared if you give permission. You cannot be denied services that you would otherwise qualify for if you choose not to share information. Each adult in the household can give permission to share only their own personal information. Any guardian may give permission to share a child’s information

Type of Information to be Shared:

- Personal Identifying Information: Name (First, Middle, and Last), Social Security Number, Date of Birth, Ethnicity, Gender, Last Residence Information, Military Status, Contact Information
- Housing/Program Specific: Entry/Exits, Housing-related Assessments, Service Transactions related to Housing, Coordinated Entry, Referrals, including if you have disclosed a substance use disorder. No information regarding a child’s substance use disorder will be shared.
- Assessment Specific: Income, Non-cash Benefits, Disability, Domestic Violence, Health Insurance

Please indicate your choice regarding data sharing (complete both HMIS section and CCHA section, which is on the next page):

HMIS Client Consent Section:

OPTION 1: ____ By initialing here, I agree to **share** my and my child/children’s above specified information and coordination of services **with all agencies that have agreed to share HMIS data in accordance with the VT HMIS Policy and Procedure Manual** (see list of agencies on page 2). [Statewide Sharing Option]

OPTION 2: ____ By initialing here, I do **NOT** agree to **share** my and my child/children’s above specified information and coordination of services **with all agencies that have agreed to share HMIS data in accordance with the VT HMIS Policy and Procedure Manual** (see list of agencies on page 2).



CCHA Client Consent Section:

OPTION 1: ____ By initialing here, I agree to **share** my and my child/children’s above specified information and coordination of services **with all participating agencies in the Chittenden County Homeless Alliance Coordinated Entry Process** (see list of agencies on page 2). [Local Sharing Option]

OPTION 2: ____ By initialing here, I agree to share my and my child/children’s above specified information and coordination of services **with some participating agencies in the Chittenden County Homeless Alliance Coordinated Entry System (list below)**. [Limited Sharing Option]

OPTION 3: ____ By initialing here, I do **NOT** agree to share my and my child/children’s above specified information and coordination of services **with participating agencies in the Chittenden County Homeless Alliance Coordinated Entry System**. [No Sharing]

List of Agencies I agree to Share with (for CCHA Option 2 above):

_____	_____
_____	_____
_____	_____
_____	_____

Please indicate name and date of birth of each child, below.

Name	Date of Birth



HIV and Substance Use Treatment Records:

Substance use disorder treatment records are protected by Federal confidentiality rules (42 CFR Part 2) and cannot be disclosed or re-disclosed without a patient's express written consent or as allowed by the regulation.

If applicable, I am I am not authorizing _____
to share information about my substance use disorder, treatment, or referral for treatment, and HIV status.

By signing this form, I am I am not authorizing subsequent or re-disclosure of this information.

I understand that signing below relates only to sharing information and does not guarantee I will receive assistance. Alternatively, I understand that I will NOT be denied services if I refuse to consent to data sharing.

Client/Parent or Guardian Signature: _____

Date: _____

Print Name: _____

Client/Parent or Guardian Signature: _____

Date: _____

Print Name: _____

Interviewer Name: _____

Staff Volunteer

Organization: _____

Date: _____