

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**
- Burlington Police Community Support Team**
- Capstone Community Action
- Champlain Housing Trust**
- Champlain Valley Office of Economic Opportunity**
- Charter House Coalition
- 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 (Economic Services, Field Services, HireAbility, Office of Economic Opportunity & Vermont Chronic Care Initiative)**
- 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 Community Economic Development Office*
- Burlington Housing Authority
- Burlington Police Community Support Team
- Cathedral Square Corporation
- Champlain Housing Trust
- Champlain Valley Office of Economic Opportunity
- 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 (Economic Services, Field Services, HireAbility, Office of Economic Opportunity & Vermont Chronic Care Initiative)**
- 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: _____