



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 Homeless Alliance (CCHA) Coordinated Entry Process, and is part of the Chittenden Homeless Alliance Coordinated Entry Partnership. The Chittenden County Homeless Alliance Coordinated Entry Process includes organizations that provide homeless and housing assistance. As part of Chittenden 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.

Your identity and information collected in the Chittenden Coordinated Entry Intake will be shared, with your written consent, with the agencies signed on to the CCHA’s Coordinated Entry Partnership Agreement (agencies listed on the next page). This includes your demographic information and other essential personal information needed to best determine your housing and service needs. If you were previously enrolled in Chittenden Coordinated Entry and did not share, the historical data will now be shared between the agencies listed except in the case of having previously worked with a victim service provider.

The information you provide will only be shared with this agency and the agencies listed in the sharing agreement. No personally identifying information will be shared with any department in the State of Vermont or the Federal Government that is not engaged in the provision of direct client services.

BENEFITS TO INFORMATION 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.

Maintaining the privacy and the safety of those using our services is very important. Your record will only be shared if you give permission and you are not obligated to do so. However, by not giving authorization, you may not be able to be referred to particular housing services or resources through the CCHA Chittenden Coordinated Entry process. 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.



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 parties indicated in your selection of Option 1 or Option 2 below 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 it.

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 an adult has disclosed a substance use disorder. And all other information pertinent to making appropriate referrals to housing programs.
- Assessment Specific: Income, Non-cash Benefits, Disability, Domestic Violence, Health Insurance

A current list of agencies participating in CCHA's Coordinated Entry is included below. The list can also be accessed at <http://www.cchavt.org/coordinated-entry-system/>

Agencies on the CCHA partnership will be listed



Please indicate your choice regarding data sharing:

Option 1: _____ By initialing here, I agree to **share** my and my child/children’s 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). [Sharing Option]

Option 2: _____ By initialing here, I agree to share my and my child/children’s 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 information and coordination of services **with participating agencies in the Chittenden County Homeless Alliance Coordinated Entry System**. [No Sharing Option]

_____	_____
_____	_____
_____	_____
_____	_____

Please indicate name and date of birth of each child that is part of the household, below.

Name	Date of Birth



Substance Abuse 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: _____

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Interviewer Name: _____

Staff Volunteer

Organization: _____

Date: _____