



Member Counties: Baker, Benton, Clatsop, Columbia, Coos, Curry, Douglas, Gilliam, Grant, Harney, Hood River, Josephine, Klamath, Lake, Lincoln, Linn, Malheur, Marion, Morrow, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler, Yamhill

### **Rural Oregon Continuum of Care (ROCC) HMIS Client Consent to Release of Information for Data Sharing in Rural Oregon Balance of State**

Rural Oregon Continuum of Care Homeless Management Information System (HMIS) is a computer system that is used to collect and share information on homelessness and social services throughout Rural Oregon Balance of State. The information gathered by Family Promise and HMIS allows agencies to plan and deliver services that help people in need. By sharing information with each other, agencies are able to simplify service delivery by coordinating services and referrals across agencies.

**Maintaining the privacy and safety of those using our services is very important to us.** The HMIS runs in compliance with all Federal and State laws and codes, including Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has been trained on client confidentiality policies and has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights ended and may be subject to further penalties.

Services will not be denied should you choose not to share information. Information will still be collected and entered because of our federal and state requirements. **Certain minimum client information is shared throughout our HMIS in order to avoid creating duplicate client records.** Authorized HMIS persons at participating community agencies will be able to see the following data elements of all client records:

- First Name
- Last Name
- Date of Birth
- Veteran Status
- Gender
- Social Security Number (required for specific services)

**Please read the following statements and consult with your agency staff if you have any questions:**

I UNDERSTAND THAT:

- I will not be denied services if I decline to share my data beyond the minimum requirements.
- The release of my information does not guarantee that I will receive assistance.
- The partner agencies will share my basic identifying information (Name, DOB, Veteran Status, Gender, SSN) in order to improve service delivery and reduce duplicate data collection.
- Any details about the programs I participate in or information I share with agency staff will not be disclosed to any third party unless I give written authorization or it is otherwise required by law. We must still report some information because of our federal, state or funder requirements.
- This authorization will remain in effect for 7 years unless I revoke it in writing by signing a written statement or Revocation form.
- I understand that I may cancel my consent to data sharing at any time. However, doing so will not change information that has already been given out or actions already taken. Revocation will be effective as of that date.
- I have the right to see my HMIS record, ask for changes, and to have a copy of my record from this agency upon written request.

- I have the right to file a complaint if I feel I have been harmed in some way by the use of HMIS.
- I have the right to receive a copy of the HMIS Notice to Clients of Uses and Disclosures.

Maintaining the privacy and safety of those using our services is very important to us. Your record will only be shared if you give us permission to do so. There may be risks and/or benefits for you to consider before you decide whether or not to consent to the release of information.

**By writing your initials below, you agree to share the following level of information for yourself and all household members listed below with other Rural Oregon Balance of State HMIS partner agencies.**

\_\_\_\_ 1) In addition to the minimum required data elements (Name, DOB, Gender, Veteran Status, SSN), **I agree to share** additional demographic information (including Race and Ethnicity), program enrollment and exit Information, information about the nature of my situation, services and referrals I receive, and contact information via the Rural Oregon Balance of State HMIS with other Rural Oregon Balance of State HMIS partner agencies.

\_\_\_\_ 2). Beyond the minimum required data elements (Name, DOB, Gender, Veteran Status, SSN), **I DO NOT agree to share** any additional information through the Rural Oregon Balance of State HMIS with other Rural Oregon Balance of State HMIS partner agencies.

**Please list the names and dates of birth of all household members participating in services:**

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**Client/Parent or Guardian Name (please print)**

**Client/Parent or Guardian Signature Date**

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*If applicable:*

*Additional Adult's Name (please print)*

*Additional Adult's Signature*

*Date*

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**Agency Personnel Name (please print)**

**Agency Personnel Signature**

**Date**

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