

Client Name: \_\_\_\_\_

Client DOB: \_\_\_\_\_

## Butte Countywide HMIS Client Informed Consent

### PERMISSION TO SHARE PROTECTED IDENTIFYING INFORMATION (PII) TO SECURE NECESSARY SERVICES

*Please read the following notice and authorization (or ask to have it read to you) before signing.*

\_\_\_\_\_ (Enter your Agency's name in the space) is a Partner Agency in the Butte Countywide Homeless Management Information System (HMIS). HMIS is a shared housing and homeless services database. HMIS operates over the Internet, and uses many security protections to keep your information private and secure.

### HOW YOU WILL BENEFIT FROM PROVIDING YOUR CONSENT TO SHARE YOUR PERSONAL INFORMATION:

The information collected in the HMIS is for the purpose of finding out what kind of services you and your family are in need of. The personal information contained in the HMIS database may be shared with Partner Agencies to find and set up the most effective services and resources within the community for you and your family. As you receive services, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve. The information shared may consist of the following Protected Identifying Information (PII):

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Name</li><li>• Date of Birth</li><li>• Social Security Number</li><li>• Gender</li><li>• Ethnicity &amp; Race</li><li>• Residence Prior to project entry</li><li>• Current &amp; historical housed and unhoused status</li><li>• Family composition</li><li>• Alcohol &amp; Drug history*</li><li>• Information about services provided by HMIS participating agencies (including: date, duration, type of service and other similar service information)</li></ul> | <ul style="list-style-type: none"><li>• Legal history</li><li>• Domestic Violence**</li><li>• Income &amp; Non-Cash benefit information</li><li>• VI-SPDAT</li><li>• Photo</li><li>• Veteran Status</li><li>• Employment Status</li><li>• Disabling condition (physical and/or mental health)</li></ul> |
|---|---|

\*Alcohol and Drug history information will not prevent you receiving homeless services and/or housing assistance.

\*\*Domestic Violence information is provided by you during your assessment to be on the list for available housing.

Your information will not be shared with any agencies outside of the Butte Countywide HMIS, unless we are required to do so by law.

**Right to Decline or Revoke:** I understand that I have the right to not share my information or to stop sharing my information at any time by writing to: Housing and Homeless Branch, 202 Mira Loma Drive, Oroville, CA 95965 or e-mailing [ButteCoC@buttecounty.net](mailto:ButteCoC@buttecounty.net). May also call 530-552-6200 and select option to speak with Housing Navigator or you can inform the agency you are working with and they will email the Housing and Homeless Branch of Butte County Department of Employment and Social Services.

**Expiration/Renewal:** I understand this Consent is good for 3 years from the date of my signature below OR until I cancel my consent. I understand that if I cancel my Consent, all information about me already in the database will remain, but will become invisible to all of the participating agencies.

**Other Rights:** I understand that sharing my information is voluntary and I can refuse to sign this consent form. I understand if I refuse to sign this Consent, I will still receive services, but they may be limited or delayed. I understand I have the right to see the client confidentiality policies used by the HMIS Partner Agencies.

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**Right to a Copy of My Information:** I understand that I may have a copy of the information collected in HMIS by Partner Agencies.

**Right to a Copy of this Consent:** I have right to receive a copy this Consent form.

**Authorized Participating Agencies:** The current list of Butte Countywide HMIS Participating Agencies is available on the Butte Countywide CoC Website [www.buttehomelesscoc.com](http://www.buttehomelesscoc.com)

List all Dependent children under 18 in household, if any (first and last names):

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

**Please initial ONE of the following levels of consent:**

\_\_\_\_\_ I give consent for my/our basic and relevant information to be entered into HMIS and shared with Partner Agencies in the Butte Countywide HMIS. I understand that I may have a copy of the information shared between Partner Agencies.

**OR**

\_\_\_\_\_ I give consent for my/our basic and relevant information to be entered into HMIS, but **not** shared with Partner Agencies in the Butte Countywide HMIS. The information gathered and prepared by this Agency can be included in the HMIS database.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

☐ Verbal Consent obtained by phone (Agency Staff Initials): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Agency Personnel Name (print)

\_\_\_\_\_  
Agency Personnel Signature

\_\_\_\_\_  
Date

**Note:** A separate HIPAA-compliant authorization is required for disclosure of any patient health information, including mental health and drug and alcohol information protected by any State or Federal privacy law including, but not limited to, Health Insurance Portability and Accountability Act ("HIPAA"), 45 C.F.R. parts 160 and 164, California Confidentiality of Medical Information Act ("CMIA"), Civil Codes sections 56-56.16, Welfare and Institutions Code section 5328, or 42 C.F.R. part 2.1 et se