

STATE OF HAWAII
COMBINED HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
AND HALE O MALAMA COORDINATED ENTRY SYSTEM (HOM-CES)
CLIENT INFORMED CONSENT FOR RELEASE OF INFORMATION
ONE FORM PER ADULT CLIENT

I am signing this consent for release of information contained in the attached Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT), using Hawaii's Homeless Management Information System (HMIS) and Hale O Malama Coordinated Entry System (HOM-CES), based on the following representations:

_____ is a Partner Agency in Hawaii's Homeless Management Information System (HMIS) and/or Hale O Malama Coordinated Entry System (HOM-CES).

The HMIS is a shared homeless and housing database system administered by Partners In Care, Bridging the Gap, the City and County of Honolulu, the State of Hawaii, and is also funded and used by the Department of Housing and Urban Development. The HMIS allows authorized staff at Partner Agencies to share client information and to follow trends and service patterns over time. The HOM-CES program uses the VI-SPDAT to collect information about your individual circumstances in order to help authorized staff at Partner Agencies refer you to appropriate housing and services.

The HMIS and/or the HOM-CES databases operate over the Internet and use many security protections to ensure confidentiality. The information collected may either be kept in separate databases or in a joint HMIS/ HOM-CES database and may remain in the database or databases past the expiration of the consent or after consent is withdrawn.

- Your HMIS and/or HOM-CES information **WILL NOT** be shared with any agency not participating in HMIS and/or HOM-CES (unless required to do so by law).
- Basic relevant information to be shared by Partner Agencies upon your consent includes the information collected, but is not limited to: name, age, gender, housing and homelessness history, medical or mental health diagnosis and history, intake/discharge dates, employment status, income, contact information and additional information used strictly to refer you to appropriate housing and/or services.
- Giving consent for your name and other identifying information to be entered into HMIS, the HOM-CES database, and/or shared among partner agencies is voluntary. Refusing to give consent **WILL NOT** deny your assistance, however, it may affect the agency's ability to provide the most effective assistance in helping you to obtain housing as quickly as possible.
- Authorization of your information to be shared with Partner Agencies will also share all prior episodes of homelessness currently in the HMIS or HOM-CES databases including information of all dependents (children under age 18) if applicable. If consent is given to share data, the name of each of the HMIS and/or HOM-CES participating agencies providing services for each prior episode will be shared.
- You may revoke this consent and authorization at any time by written request before the expiration date by contacting (Person at Name of Agency) at telephone number (808) _____.
- You have a right to a copy of this authorization once you have signed it by contacting (Person at Name of Agency) at telephone number (808) _____.

A. Please initial **one** of the following levels of consent:

_____ I give consent for my name and other collected information to be entered into the HMIS and/or
Initials HOM-CES database and to have my information SHARED among Partner Agencies. (Continue to section B below)

_____ I give consent for my name and other collected information to be entered into the HMIS database
Initials only and NOT SHARED among Partner Agencies. (Skip section B and sign below)

B. I further agree to and authorize the following:

_____ I agree to be interviewed and allow the information collected by the VI-SPDAT to be disclosed and received by
Initials the organizations that participate in HMIS and/or the HOM-CES, which include but are not limited to Partners in Care, Bridging the Gap, the State of Hawaii, the City and County of Honolulu, the Department of Housing and Urban Development, the Veteran's Administration, the Hawaii Public Housing Authority, supportive housing providers, homeless services providers, and social services organizations. I understand that the information I provide will be used to determine if I am eligible for partner agency housing, services or related programs. I also understand that each agency may have different eligibility requirements.

_____ I give my consent to contact me, or my case manager, navigator or other contact person, about my survey
Initials information, housing referrals or services referrals.

_____ I specifically give consent for the following information to be disclosed: whether I currently have or
Initials have had HIV/AIDS, mental health conditions or treatment, physical health conditions or treatment, and/or substance use or treatment. I understand that the purpose for the disclosure of this information is to help refer me to appropriate housing and services.

_____ I give my consent to be photographed and that my photograph may be shared with partner agencies for
Initials the purposes of identification. My photograph may not be used in any media or promotional materials unless agreed to by me in a separate consent.

By signing or placing my mark below, I acknowledge that I have read, or have had read to me, all of the information above and that I have chosen to sign this form voluntarily. I also understand that participating in HMIS and/or HOM-CES does not guarantee that I will be called for housing or that I will receive housing. I also understand that this consent is valid for three years from the date of my signature below and that I may cancel it at any time by written request. I also hereby agree that the information released will be used only for the purposes provided and will not be released to any other individual, agency, or organization pursuant to HRS 346-10.

Printed Name of Client

Signature (or Mark) of Client

Date

This form is on file with:

Name of Agency

Agency Address

Agency Contact Phone Number