

COMMUNITY ACTION PARTNERSHIP OF SAN BERNARDINO COUNTY  
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

**Client Consent  
Information Release Authorization**

***What You Need to Know Before You Sign?***

The San Bernardino County Continuum of Care Homeless Management Information System (SBC CoC HMIS) is a web-enabled database used to store information about clients utilizing housing and homelessness services in San Bernardino County. \_\_\_\_\_

will gather and maintain data to: (a) provide individual case management; (b) produce reports regarding utilization of services; (c) track individual program outcomes; (d) provide accountability for individuals and entities that provide funds for use in the San Bernardino County region; (e) identify unfilled service needs and plan for the provision of new services; (f) allocate resources among agencies engaged in the provision of services in and around San Bernardino region; and (g) be used for all other purposes deemed appropriate by the SBC CoC HMIS. Generally, an agency may not disclose any information contained within this system which could identify a client unless:

1. The client consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research audit or program evaluation.

**By law, we must** protect the privacy of your information, tell you about your rights, and tell you about how we keep your information private.

**Child Abuse and Neglect:** By law, we are required to report a life-threatening situation to you or others, and/or a suspicion of child abuse or neglect.

Agencies that have been granted access to the SBC CoC HMIS have agreed to abide by all laws and the SBC CoC HMIS Policies and Procedures pertaining to client confidentiality and user conduct. All agencies will also sign Client Consent/Information Release form for all individual client data that is shared to non-custodial agencies where the internal policy of the agency allows data sharing.

***What information is shared about you?***

CAPSBC HMIS data from will reside in one central database. The Agency's data is separated by security for each continuum and data sharing is currently limited to the data within the Agency's continuum.

Based upon the agency standards for data sharing, Basic Client Intake Information may be shared with agencies participating in the SBC CoC HMIS in an effort to prevent client duplicative intake processes. The information that may be shared includes basic Client and Household Intake Information and Employment/Education History.

With the exception of the data indicated above, no individual or program specific client data will be shared outside of the SBC CoC HMIS, or with any other SBC CoC HMIS agency or user, without explicit client permission.

Aggregate (de-identified) data will be used to produce region-wide reports.

***What are your rights?***

**By signing below, I understand and acknowledge that based on the Agency’s policy I have a right to:**

- ✓ Request the Agency communicate with me about my services in a manner designed to promote confidential communications;
- ✓ Not answer any questions unless entry into the Agency’s program requires it;
- ✓ Receive services if I do not allow this agency to enter information about me in the SBC CoC HMIS;
- ✓ Inspect, copy, and request amendment of records maintained by the Agency related to the provision of services to me and to receive a paper copy of this form;
- ✓ Request restriction of how my data, information and records are utilized and disclosed but that the Agency is not required to agree to such requested restrictions;
- ✓ Decline consent to share the basic Client Intake information outlined above;
- ✓ Sign a written request to remove my consent at any time; and
- ✓ File a grievance with the Agency or the Administrative office by providing a written notice of the alleged violation, if I believe my privacy rights have been violated and that I will not be retaliated against for filing such a complaint.

\_\_\_\_\_ **Please initial that you understand your rights**

**By signing below, I also understand and acknowledge that:**

- ✓ The confidentiality of my records is protected by law and the Agency will never give information about me to anyone outside the agency without my written consent or as required through a court order;
- ✓ Any information that has already been entered about me will not be removed from the system but will be marked as private. However, regardless of my decision to remove consent, my data may be disclosed to the SBC CoC HMIS and included in the SBC CoC HMIS in an aggregated and de-identified form for purposes of making future policy and program decisions;
- ✓ This release is valid for seven (7) years after the last time I receive services from the Agency; and
- ✓ The Agency is required to abide by the terms of this notice but the Agency reserves the right to change the terms and to make such changed effective for information already held by the Agency as well as information received in the future.

\_\_\_\_\_  
**SIGNATURE OF CLIENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF AGENCY WITNESS**

\_\_\_\_\_  
**DATE**