STATE OF HAWAII HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
CLIENT INFORMED CONSENT FOR RELEASE OF INFORMATION FOR
PARTNERS IN CARE
(ONE FORM PER ADULT CLIENT OR UNACCOMPANIED YOUTH UNDER 18 WITH PARENT OR GUARDIAN CONSENT)

_____ is an Authorized Agency in Hawaii's Homeless Management Information System (HMIS) and Coordinated Entry System (CES). The HMIS and CES are shared homeless and housing database systems used by homeless service providers throughout the State of Hawaii. **The HMIS and CES improve the ability for you to achieve housing by allowing providers authorized to serve you to share your information.** The shared information is used to identify your unique needs and to allow for coordination among different service providers to more efficiently serve you. Sharing your information reduces the need to be asked the same questions repeatedly and may result in faster, more personalized services. The HMIS operates over the Internet and uses many security protections to ensure confidentiality. Additionally, your information is protected by federal HMIS Privacy and Security Standards.

As you receive services, information will be collected from you about the services provided to you, and the differences made as a result of these services.

- Only Authorized Agencies will have access to your information. A list of Authorized Agencies is available upon request at www.partnersincareoahu.org/hmis-policies.
- Other approved organizations may receive access to information for reporting or research purposes allowed by law (i.e. court order) and approved by the Statewide Data Committee. The general public will NEVER have access to your information. Please review the Privacy Notice for more details.
- Basic information to be shared by Authorized Agencies through this consent includes, but is not limited to: name, age, gender, race, ethnicity, family members, marital status, any history of domestic violence, housing history, disabling conditions (Physical Disability, Chronic Health Condition, Mental Health, Substance Abuse and HIV/AIDS), VI-SPDAT survey data, program intake dates, encounter dates, program discharge dates, employment status, income and non-cash benefits, health insurance, case notes, eligibility documents, and housing plan.
- If you do not provide consent, you will still receive services; however access to housing options may be limited.
- Allowing your information to be shared with Authorized Agencies includes all prior episodes of homelessness currently in the HMIS and information of all dependents (children under age 18) if applicable.

I give consent for my name and other relevant identifying information to be shared among Authorized Agencies.

I understand that this consent is valid for three years from the date of my signature below and that I may cancel at any time by written request.

_____	_____	_____
Print Name of Client	Signature of Client	Date
_____	_____	_____
Print name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date
_____	_____	_____
Print Name of Agency Staff	Signature of Agency Staff	Date

Program Name: _____ Enrollment Date: _____

VI SPDAT Interview Date: _____

Once the HMIS Client Consent Form is completed the form must be uploaded into HMIS and filed at the Agency for seven years.