## ABOUT YOUR INFORMATION:

### USES

- Information you provide to this agency will be entered into the Snohomish County HMIS computer system, unless you tell them you do not want it entered.
- You will receive the same services, whether or not you allow your personal information to be entered into the HMIS.
- Your personal information that is in the HMIS will not be shared with any other people or organizations unless you say it can be.
- Your personal information that is in the HMIS will not be shared with any other government agencies except as required by law.
- Personally identifying information, such as names, birthdays and social security numbers, will be kept in the HMIS database for seven (7) years.
- Although careful measures are taken to protect the personal information entered into the HMIS, it may be possible that a person could access your information and use the information to locate you, commit identity theft or learn about sensitive personal information entered into the HMIS.
- Your data is protected by legal agreements signed by users of the HMIS and by electronic encryption of your personal information.
- Information in the HMIS is used to improve services to clients like you.
- You can contact Snohomish County at the number below if:
  - You have questions about the information collected in the HMIS and your rights regarding that information.
  - In the event of an injury to you related to the collection information in the HMIS.

### RISKS

### PROTECTIONS

## YOUR RIGHTS & CHOICES

- You have the right to refuse to provide personal information, or to stop [Agency Name] from entering your personal information into the HMIS system.
- You have the right to decide what personal information can be shared about you in the HMIS, and who it can be shared with.
- You have the right to change your mind about what personal information about you this agency has in the HMIS, what types of information about you they can share, and who they can share it with. You must notify [Agency Name] in writing if you change your mind.

## CONTACT INFO

**Snohomish County, HMIS Coordinator**

Office of Housing, Homelessness and Community Development

3000 Rockefeller Ave, M/S 305, Everett, WA 98201

(425) 388-3268

[http://www1.co.snohomish.wa.us/](http://www1.co.snohomish.wa.us/)

**Catholic Community Services Western Washington**

1918 Everett Ave, Everett, WA 98201

425-257-2111

[http://www.ccsww.org](http://www.ccsww.org)
HMIS Informed Consent and Release of Information Authorization Form

Catholic Community Services Western Washington participates with the Snohomish County HMIS in collecting information, over time, about the characteristics and service needs of men, women, and children experiencing homelessness or at imminent risk of homelessness.

To provide the most effective services to those experiencing homelessness or who are at risk of homelessness, an accurate count of all people facing these issues in Snohomish County and Washington State is necessary.

To make sure that clients are not counted twice if services are received from more than one agency, we need to collect personal information. Specifically, **name, birth date, social security number, and last permanent address** are needed. The information you consent to have shared will be stored in both the Snohomish County and the Washington State database for **seven (7) years**.

We will guard this information with strict security policies to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and user authentication for each system user.

If you ever suspect the data in HMIS has been misused, immediately contact the System Administrator at **(425) 388-3268**. There is a small risk of a security breach, and someone might obtain and use your information inappropriately.

The data you provide will be sent to the Washington State HMIS and will be combined with data from the Department of Social and Health Services (DSHS) for the purpose of further analysis. **Your name and other identifying information will not be included in any reports or publications.** Only a few limited staff members in the research division of DSHS who have signed confidentiality agreements will be able to see this information.

Your decision to participate in HMIS will not affect the quality or quantity of any services you are eligible to receive from Catholic Community Services Western Washington. However, if you do choose to participate, services in the region may improve if we have accurate information about those experiencing homelessness and those at risk of homelessness.

**Participation in HMIS and Personal Information**

Read and initial each option. Make a choice and print your name in that box. Sign and date the bottom of the form.

_________ (initials)
I, _______________________________, do consent to the inclusion of all of my personal information and to participation in HMIS. The included information is: name, birth date, full social security number, race, and last permanent address.

_________ (initials)
I, _______________________________, do consent to the inclusion of some of my personal information and to participation in HMIS. I wish to include the following information in HMIS (check boxes to include):

[ ] Name
[ ] Full social security number
[ ] Last permanent address
[ ] Race

_________ (initials)
I, _______________________________, do not consent to the inclusion of my personal information. Only non-identifying information will be used in HMIS.

________________________________________  __________________________________________
Signature of Client or Guardian                  Signature of Witness

________________________________________  __________________________________________
Printed Name and Relationship                  Printed Name and Title

________________________________________  __________________________________________
Printed Name and Relationship                  Printed Name and Title
Identified Information and Agency Sharing

☐ I do not give Catholic Community Services Western Washington permission to share any identified information about me in the Snohomish County computerized Homeless Management Information System (HMIS).

OR

☐ I give Catholic Community Services Western Washington permission to share the following types of information about me in the Snohomish County computerized Homeless Management Information System (HMIS):

(Check all types of information you give permission to share)

☐ Profile
  - Race / Ethnicity
  - Case Manager
  - Veteran

☐ Military Service
  - Era
  - Location
  - Branch
  - Served in Line of Fire
  - Duration
  - Discharge

☐ Intake / Housing
  - Intake Date
  - Reason(s) for Homelessness
  - Prior Residence(s)
  - Length of Time at Prior Residence

☐ Chronically Homeless
  - Meet the 3 HUD Criteria?

☐ Assessment
  - Disability
  - Health
  - Mental Health
  - Alcohol Use
  - Drug Use
  - Domestic Violence
  - Pregnancy
  - HIV / AIDS

☐ Services Received
  - Services Received
  - Notes
  - Other (specify)

☐ Income
  - Income by Source
  - Non-Cash Benefits

☐ Exit / Follow-Up
  - Date and Reason Exited Program
  - Current Housing
  - Household Composition
  - Outcomes Achieved

☐ Employment/Education
  - Employment Status & Info
  - Education Status & History
I understand that if I give Catholic Community Services Western Washington permission to share any types of information in the HMIS, shared information will be identified with my personal information (such as name, date of birth, gender, etc.) so that the other agency or program with which it is being shared will know who the information is about. Catholic Community Services Western Washington may share this information about me in the computerized Snohomish County HMIS with:

(Choose one)

☐ Any other HMIS agency or program necessary to provide me the service I need; OR

☐ Any other HMIS agency or program except for the following:

____________________________________________________________________
____________________________________________________________________

OR

☐ Only the following agencies and programs:

____________________________________________________________________
____________________________________________________________________

Note: We are not required to agree to additional restrictions that you request beyond those listed here. But, if we do agree to additional restrictions (that you request in writing), then they are binding on Catholic Community Services Western Washington and on Snohomish County HMIS.

By signing this, I certify I understand that:

• The purpose of sharing information with other agencies is to help with case management, improve the services I receive, and allow other agencies to access information about me more quickly if needed.

• Catholic Community Services Western Washington may not deny me service if I do not give it permission to enter my data into the HMIS or share it with other agencies.

• I am entitled to a copy of this release and sharing form.

• I may revoke this sharing permission at any time by delivering or mailing a written statement canceling my consent and/or release of information to Catholic Community Services Western Washington. Revoking my consent/release will not change anything for those people or agencies that had previously received my information while my consent/release was in effect.

• The current list of agencies who are Snohomish County HMIS Partners that may have access to my information (if agreed to on front) is available from Catholic Community Services Western Washington. I understand that additional agencies may join the Snohomish County HMIS at any time and will also have access to my personal information at that time unless I excluded them on this form. I understand that, upon my request, Catholic Community Services Western Washington must provide me with a list of current HMIS agencies before I sign this release and sharing form, and must allow me to view the updated list of HMIS agencies so long as my release/sharing permission remains in effect.

• I have reviewed a copy of the Snohomish County HMIS Client Privacy Rights posted at Catholic Community Services Western Washington.

________________________________________  __________  __________________
Client or Guardian Signature                  Date                              Relationship to Client

Print Name____________________________________

________________________________________  __________
Agency Witness Signature                     Date

Print Name____________________________________